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ABSTRACT

To address the needs of at-risk children, Project SUCCESS of the Des Moines (Iowa) public schools provides employment, health, mental health, and social services in a comprehensive one-stop shopping manner at public schools. Coordinated services are provided through direct provision of services, case management, and referral as appropriate. The program receives funding from a variety of sources, including the United Way, and about 100 agencies have collaborated with Project SUCCESS in some way or other. Evaluation indicates that the SUCCESS program contributes to the accomplishment of the District mission by serving a diverse population of students, strengthening the qualities of the family that enhance learning, and reducing factors that interfere with learning. Over 70 percent of families receiving services made progress toward achieving goals they developed in individual service plans, and over 80 percent of parents and students reported satisfaction with program services. Expansion of SUCCESS services is planned for prenatal and preschool services. Appendix A contains a third-party review of program efforts, and Appendix B presents a progress report. (SLD)

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ED 369 860

93-289

Planning/Evaluation Report
for
1992-93

SUCCESS Program

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Des Moines, Iowa 50313

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Supervisor

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Program Manager

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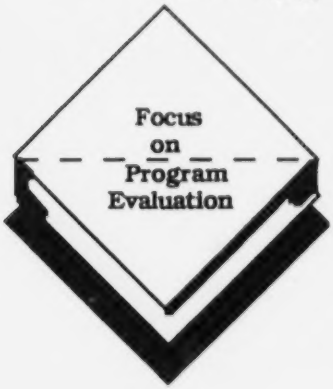

November, 1993

Department of Information Management
Des Moines Independent Community Schools
1800 Grand Avenue
Des Moines, Iowa 50309

UDO 198537

SUCCESS Program

Evaluation Abstract

CONTEXT EVALUATION

To address issues which place children and youth at risk of not succeeding in their educational programs and to improve the human services delivery system, the SUCCESS Program provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth--the public school where they attend. SUCCESS Program services are provided at Moulton Elementary, Harding Middle, North High, Alternative North, and South Alternative schools.

The primary goal of the SUCCESS Program is to empower children and youth to succeed in educational programs, complete high school, remain drug- and alcohol-free, and to become productive workers and contributors to the community.

The SUCCESS Program provides coordinated services to children, youth, and their families through three primary strategies:

- **DIRECT PROVISION OF SERVICES** at Family Resource Centers located in each program school. These services are provided by SUCCESS staff or staff who have been re-positioned from other agencies to provide services in the Family Resource Center. Assistance is provided in the areas of health, substance abuse, mental health, employment, basic needs, and social services to any family member who is identified for services.

- **CASE MANAGEMENT** is available to selected children, youth and their families who require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.

- **REFERRAL TO OUTSIDE AGENCIES AND INTENSIVE FOLLOW-UP** are provided when services are not available in the Family Resource Centers.

INPUT EVALUATION

The budget for the SUCCESS Program for the 1992-93 school year totaled $547,116. Program funds were derived from a variety of sources including the Iowa Department of Education, the private sector, and the District. A total of $72,605 in private sector funds was generated during the 1992-93 school year.

Program staff consisted of one Program Manager, two center coordinators, eight case managers, and one secretary. Expenditures for salaries were $322,614.42 and $101,860.54 for benefits, totaling $424,474.96. The cost of in-service/staff development was $1,932.25.

The SUCCESS Program includes United Way as a partner in developing a collaborative effort to offer services to children, youth, and their families in non-traditional ways. Through the partnership with United Way, human service agencies have been willing to re-position staff part-time in Family Resource Centers. Eleven agencies re-positioned staff in program schools to offer services on a part-time basis.

In addition to having immediate access to agency staff re-positioned in program schools, staff of the SUCCESS Program have made referrals to many community resources, have met with them to identify how best to access services, and have hosted bi-monthly meetings with agency staff to identify and reduce barriers to reaching and serving families. Approximately 100 different agencies have collaborated with the SUCCESS Program in one or more of these ways.

PROCESS EVALUATION

Any child or youth, in or out of school, who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self-referred to the center or referred by a school staff member, friend, parent, or community agency staff person. The child or youth is referred for a structured assessment with a center staff member to determine whether a case manager should intervene to provide long-term, comprehensive services or whether specific services can be provided on a short-term basis by center staff such as the employment specialist or nurse.

The case management model, used in providing services to selected families, provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliency and to address and reduce the factors which place youth and their families at risk. Case managers have their offices at program schools so children and youth have direct, easy access to their services and so the services are available to the youth in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time.

The need to address particular topics as in-service or staff development activities is communicated on a regular basis to the Program Manager. This communication happens formally at weekly team meetings and yearly planning sessions as well as informally through one-on-one conversations with staff. In-service/staff development activities for the SUCCESS Program occur in three major categories: weekly staff meetings, bi-monthly collaboration meetings, on-going professional meetings and conferences.

The SUCCESS Program has an extensive management system for monitoring program activities and outcomes. Student data on services and outcomes are computerized to manage the information effectively and all the data to document objective attainment are submitted to the SUCCESS Program Manager and maintained on file.

PRODUCT EVALUATION

The SUCCESS Program directly contributes to the accomplishment of the District mission by serving a diverse population of students, strengthening those qualities in the family that enhance learning, and by reducing factors within the family that interfere with learning. Program services are designed to meet the needs of a diverse group of students whose aspirations and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

The program's most prominent strengths are in the areas of ability to provide intensive services to families, improving utilization of community resources through collaboration, identification of unmet needs, and the ability to communicate program outcomes to funders and other interested parties. Over 70 percent of families who received case management services made progress towards achieving the goals that they developed in their individual case plans. Over 80 percent of students and parents reported satisfaction with program services. Thirteen agencies have re-positioned staff in Family Resource Centers. For three years, the connection rate for referrals to community agencies has exceeded 70 percent.

FUTURE PLANS

Through joint planning with United Way, the private sector, and other collaborators, the strategies of SUCCESS Program will be expanded to very young families on a pre-natal through age 6 basis at Findley, Lucas, McKinley and Moulton. Also, a SUCCESS Program case manager will be added to Findley, Lucas, and McKinley.

A copy of the complete report is available upon request from the Department of Information Management, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3399. Telephone: 515/242-7839.

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SUCCESS PROGRAM

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Des Moines Independent Community School District

Des Moines, Iowa 50309-3399

November, 1993

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT

DES MOINES, IOWA

DISTRICT MISSION STATEMENT

The Des Moines Independent Community School District will provide a quality educational program to a diverse community of students where all are expected to learn.

SUCCESS PROGRAM MISSION STATEMENT

The SUCCESS Program of the Des Moines Public Schools will provide school-based case management services and coordination of human services and community resources to meet the needs of children, youth, and their families to assure that they thrive at home and achieve in their schools and communities.

CONTEXT EVALUATION

History

In 1988, community needs, types of programs available for children and youth at risk, gaps in programming, and duplication in service delivery were intensely studied by both Community Focus (a group of local leaders) and District administrators. In response to the unmet needs of children, youth, and families living in the Des Moines community, Community Focus, United Way of Central Iowa, Inc., Iowa Department of Education, private contributors, human services agencies, and the Des Moines Public Schools began the process of collaboration by developing a proposal to the Iowa Department of Education for a school-based youth services program. The SUCCESS Program, the collaboration's school-based youth service program, was one of four programs funded in the state for four years through the Department of Education (HF 535).

SUCCESS Program services were first offered in the Fall of 1990 at Moulton Elementary, Harding Middle, and North High schools. Initially, one Program Manager, one Center Coordinator (North High School), five case managers (three at North and one each at Harding and Moulton), and one secretary were employed. In the fall of 1992, the program was expanded to both alternative schools and a Family Resource Center which contains confidential, professional offices, group meeting space, and conference rooms was created at Harding Middle School. A case manager and Center Coordinator were added to the staff at Harding, and two additional case managers were employed, one at each of the alternative schools.

Policies, Standards, and Regulations

Services provided by the SUCCESS Program are a part of the District's overall plan to meet the state standards for students at risk. The state standard is as follows (12.5 [13] Provision for At-Risk Students):

> "The board shall have a plan to identify and provide special assistance to students who have difficulty mastering the language, academic, cultural, and social skills necessary to reach the educational levels of which they are capable. The plan shall accommodate students whose aspirations and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.
>
> "The plan shall include strategies for identifying at-risk students and objectives for providing support services to at-risk students. These objectives shall be translated into performance objectives for all school personnel. The plan shall also include provisions for in-service training for school personnel; strategies and activities for involving and working with parents; provisions for monitoring the behavioral, social and academic improvements of at-risk students; provisions for appropriate counseling services; strategies for coordinating school programs and community-based support services; and maintenance of integrated educational environments in compliance with federal and state nondiscrimination legislation."

Current Program Description

Content.

The SUCCESS Program provides coordinated services to children, youth, and their families through three primary strategies:

- **DIRECT PROVISION OF SERVICES** at Family Resource Centers located in each program school. These services are provided by SUCCESS staff or staff who have been re-positioned from other agencies to provide services in the Family Resource Center. Assistance is provided in the areas of health, substance abuse, mental health, employment, basic needs, and social services to any family member who is identified for services.

- **CASE MANAGEMENT** is available to selected children, youth, and their families who require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.

- **REFERRAL TO OUTSIDE AGENCIES AND INTENSIVE FOLLOW-UP** are provided when services are not available in the Family Resource Centers.

Structure.

To address issues which place children and youth at risk of not succeeding in their educational programs and to improve the human services delivery system, the SUCCESS Program provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth--the public school where they attend. Consolidating services in schools provides access to the majority of a community's children and youth and their families on a regular and continuing basis. The staff of the Family Resource Centers are either re-positioned in the school centers by community agencies on a full-time or part-time basis or are employed by the program.

Each Family Resource Center provides a variety of services designed to meet the needs of children and youth attending the school in which the center is located. Services are also available to out-of-school youth. Services include the opportunity for children and youth to "drop-in" during appropriate times; engage center staff in dialogue; receive tutoring assistance; and/or receive or schedule services from service providers in the areas of health, substance abuse, employment, mental health, social services, and counseling/case management.

In order to best meet the needs of the children and youth and their families, the centers are open 12 months a year and center staff are available on a flexible schedule with the hours determined on the basis of the needs of families requesting services. In general, children and youth participate in center activities only when they are not in class or are not involved in other school-related activities. The center staff provide services before classes, after classes, during study halls, or lunch periods and make every attempt to avoid scheduling services at times when students would have to miss classes.

Any child or youth, in or out of school, who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self-referred to the center or referred by a school staff member, friend, parent, or community agency staff person. The child or youth is referred for a structured assessment with a center staff member to determine whether a case manager should intervene to provide long-term, comprehensive services or whether specific services can be provided on a short-term basis by center staff such as the employment specialist or nurse.

The case management model, used in providing services to selected families, provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliencies and to address and reduce the factors which place youth and their families at risk. Case managers have their offices at program schools so children and youth have direct, easy access to their services and so the services are available to the youth in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time.

Evaluation and research are vital components of the program and assist staff to ensure that the needs of children and are being met. Evaluation and research also help to establish a foundation for future funding and the continuation and replication of school-based youth services programs through the accumulation of data which verify strategies which are effective.

Needs Addressed by the SUCCESS Program

In planning the SUCCESS Program and during the three years that services of the SUCCESS Program have been offered, one of the functions of the program has been to identify unmet needs in the community and to communicate those needs to United Way of Central Iowa, other collaborators, funders, interested community members, and staff of the District. A summary of the identified needs and program response to those needs over the past three years appears below.

NEED	RESPONSE
Improved access to community services	Family Resource Centers at Harding and North Intensive follow-up provided by program staff when referrals are made to community resources outside of the school Repositioned community agency staff in Family Resource Centers
Improved access to health services	Expansion of the role of school nurse to full-time and year-round
Long-term, intensive coordination of health and human services for families who are addressing complex, interconnected, multi-generational issues	Case managers at program schools who assist families in identifying and prioritizing needs, developing an action plan, accessing resources, and monitoring progress
Confidential and professional office space in school buildings where families can receive services from a variety of health and human service professionals	Family Resource Centers at Harding and North and office space for case managers at all program schools to provide program services
Mental health services that are accessible and affordable	Collaboration with United Way and United Way member agencies which has resulted in some agencies adding zero to their sliding fee scale and which will make two mental health clinicians available to Findley, Lucas, McKinley, and Moulton elementary schools in the Fall of 1993
Substance abuse services that are accessible and affordable	Development of a proposal which will be funded for the 1993-94 school year and provides for a full-time substance abuse specialist at North High School
Preventive services provided to children from conception through elementary school	Collaborative development of the Way to Grow Program which was implemented in the Fall of 1993
To empower families to identify their own personal goals based on their expressed needs, priorities, and strengths	Emphasis on development and review of individualized case management plans which are an integral part of the case management strategy
To track information to guide programming in the areas of service delivery and student/family outcomes	Development of database and operational manual which is used by multiple school-based programs

Goals and Objectives

The primary goal of the SUCCESS Program is to empower children and youth to succeed in educational programs, complete high school, remain drug- and alcohol-free, and to become productive workers and contributors to the community.

The secondary goals of the program are to:

- Establish Family Resource Centers located in schools with high rates of children and youth who are at risk which integrates the services of multiple providers;
- Facilitate joint planning and make the most economic and effective use of limited resources;

- Reduce the risk factors associated with alcohol and drug use which impact children and youth and their families; and
- Increase resiliency and protective factors within high risk youth and within high risk families and communities to reduce the likelihood that youth will use alcohol and other drugs.

The comprehensive goals and objectives of the SUCCESS Program and the specific services offered by staff are in alignment with the District mission statement and objectives and are designed to support building objectives identified for the 1992-93 school year.

Use of Committees

The SUCCESS Program works with two special committees which provide input and make recommendations regarding the services of the program.

Children At Risk Planning Council.

The Children At Risk Planning Council is a community-wide effort convened by Community Focus, Inc.; United Way of Central Iowa; and the Des Moines Public Schools. The mission of the Council is to:

- integrate human services planning efforts,
- provide for the exchange of information, and
- develop common goals and strategies to address the needs of the increasing numbers of children and youth in the Des Moines community who are at high risk.

The Council consists of a diverse group of 55 members which includes community representatives as well as representatives from all of the major human service agencies in the county and serves in an advisory capacity to the SUCCESS Program.

Youth At Risk Coalition.

In September, 1988, those involved in managing a variety of services to students at risk, including the New Horizons Program, began to regularly meet to review these programs' effectiveness and to assess how the District in light of diminishing resources can better meet the increasing numbers of needs of children, youth and their families who are living under circumstances which place them at risk. The Youth At Risk Coalition was created for the purpose of:

- making recommendations regarding the management of available program resources (time, staff, funds),
- monitoring and analyzing the extent and trends of the student dropout rate,
- reviewing policies, procedures, and practices in K-12 programming in an effort to reduce student withdrawals in the upper grades, and
- increasing collaborative activities among representatives of the community as well as District staff. Membership during the 1992-93 school year included representatives from such organizations as Polk County Human Services, YMCA, United Way, Polk County Department of Human Services, Child and Family Policy Center, Urban Dreams, 4-H Iowa State University Extension Service, and Homeless Youth Project.

INPUT EVALUATION

1992-93 Budget, Sources Of Revenue, and Expenditures

Revenue to support the SUCCESS Program comes from the Iowa Department of Education (HF 535) private contributions, and District Allowable Growth for Dropout Prevention. Budget, revenues, and expenditures are indicated in the figures below.

Budget and Expenditures According to Category (1992-93)

Figure 1

Category	Budget Amount	Expenditures
Salaries	$329,685	$322,614.42
Benefits	80,348	101,860.54*
Purchased Services	9,926	7,693.91
Supplies and Materials	8,159	6280.39
Equipment	17,778	29,076.19
Travel	8,000	4,859.39
Capital Outlay	86,000	6,421.80
Student Enrichment	7,220	9,327.92
TOTAL	$547,116	$488,134.56

Budget and Expenditures According to Funding Source

Figure 2

Source	Budget Amount	Expenditures
Iowa Department of Education	$200,000	$200,000.00
Des Moines Public Schools Instructional Support Levy	222,185	133,789.15
Private Contributions 1992-93	124,931	154,345.41
American Republic	2,500	2,500.00
Amoco Foundation	5,000	5,000.00
Blue Cross/Blue Shield	15,105	11,228.19
Business Women's Association	10,000	
Gannett Communities Fund/Des Moines Register	10,000	8,151.51
Hawley Foundation	5,000	5,000.00
Meredith Corporation	15,000	15,000.00
Mid-Iowa Health Foundation	10,000	10,000.00
Sub-Total	72,605	56,879.70
Carryover Funds from 1991-92		
American Republic		737.50
Amoco		1,475.00
Hawley Foundation		748.12
Meredith Corporation		31,397.75
Mid-Iowa Health Foundation		20,066.44
Pioneer Hi-Bred International		10,279.06
Principal Financial		25,968.92
U.S. West		6,792.92
Sub-Total	52,326	97,465.71
TOTAL	$547,116	$488,134.56

*Fringe benefits were budgeted at less than 31% actual expenditure rate

Cost of In-service/Staff Development Efforts

Staff attended 20 different in-service/staff development activities. The cost of in-service/staff development, including registrations and travel costs, for 1992-93 was $1,932.25 and a total of 62 days were used for in-service/staff development. Specific activities are described in detail in the Process Evaluation section.

Materials in Use and Being Examined

Textbooks.

S.T.E.P. (Systematic Training for Effective Parenting) for Parents of Teenagers is used by staff who conduct weekly parenting classes at North High School. These classes are taught by the North High Center Coordinator and staff from Des Moines Child and Adolescent Guidance.

Technology Software and Hardware.

Staff at each program site have access to Macintosh computers that were purchased with program funds. There is also one lap top computer which increases the efficiency of program management by making it possible to record and organize information in various locations.

The Program Manager has used FileMaker Pro in order to develop a sophisticated database to track participant demographics, services, and outcomes. Due to ease of operation and capabilities of this database and the FileMaker Pro software, all four school-based programs throughout the state have adopted this for use in evaluating their programs. A manual was written to accompany the database so that it can be used by other programs.

To facilitate staff communication with families about generational issues, software called MacGenogram was purchased. This allows staff to create a pictorial representation of generational issues that is somewhat similar to a family tree in its design.

Community Resources Being Employed

The SUCCESS Program includes United Way as a partner in developing a collaborative effort to offer services to children, youth, and their families in non-traditional ways. Through the partnership with United Way, human service agencies have been willing to re-position staff part-time in Family Resource Centers. Agencies who have re-positioned staff in program schools to offer services on a part-time basis include:

Big Brothers/Big Sisters
Broadlawns Medical Center, Adolescent Psychiatric Services
Des Moines Child and Adolescent Guidance Center
Des Moines Health Center
Iowa Methodist Medical Center
Iowa State University Extension
Job Service of Iowa
Lutheran Social Services
National Council on Alcoholism (NCA)
  Student Assistance
  Central Assessment Center
  Project Uplift
Polk County Victim Services
United Way 1 to 1 Mentoring Initiative
Visiting Nurse Services
Young Women's Resource Center

In addition to having immediate access to agency staff re-positioned in program schools, SUCCESS Program staff have made referrals to many community resources, have met with them to identify how best to access services, and have hosted bi-monthly meetings with agency staff to identify and reduce barriers to reaching and serving families. Approximately 100 different agencies have collaborated with the SUCCESS Program in one or more of these ways.

Collaborative Proposals

In addition to the regular services offered through the SUCCESS Program, two additional collaborations were formed that resulted in new services being provided in the community to children, youth, and their families:

Tutoring Services at Youth Emergency and Shelter Services - The SUCCESS Program received state funding to employ a tutor who served youth residents of Youth Emergency and Shelter Services who attended Des Moines Public Schools. The tutor also coordinated educational services between the identified students' schools and the shelter. Where appropriate, referrals were made to SUCCESS Program case managers as students left the shelter.

Polk County Family Enrichment Center (Moms on the Move) - Polk County provided funds for a case manager who was assigned to work with the children of their clients receiving services through the Moms on the Move Program. Because the goal of this program is to move welfare recipients towards self-sufficiency, the emphasis has been on the adults and few services had been coordinated for their children. The SUCCESS Program Manager consulted with Polk County staff in developing a job description for the case manager, provided information about case management strategies and data tracking, and facilitated the orientation of Des Moines Public School staff to services available from the case manager for program participants.

PROCESS EVALUATION

Work Flow

Basic Function of SUCCESS Staff.

- To provide counseling and other related support services such as assessment, case planning, and monitoring and brokering of community services to program participants

- To ensure that participants receive services that are easily accessible, responsive to their needs as they change over time, provided in a timely and efficient manner, and coordinated among providers

Eligibility For Services.

The SUCCESS Program is designed to serve those students enrolled in the regular school program who do not have additional support available to them through other District offerings such as Special Education and School Within a School (SWS). Exceptions to this criterion are made only when students have been screened and referred by their program staff and it is determined that unique services, not otherwise available to them through their assigned educational program, can be offered to them through the SUCCESS Program.

Any child or youth, in or out of school, who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self referred to the center or referred by a school staff member, friend, parent, or community agency staff person.

All referrals from teachers, administrators, and support staff are reviewed by building support teams or staff designated by the principal. Any student who is referred through the building support team, an outside agency, or who self refers is eligible for program services. All Special Education students are first referred to the Special Education Team, unless an emergency exists and these team members are not available. In an emergency situation, SUCCESS staff may provide initial services and would then immediately refer the student to the appropriate Special Education staff. Special Education and SWS students are eligible for services, but must be screened by their program support personnel before services are provided in order to avoid duplication of services.

Services provided by staff from other agencies who have part of their time re-positioned in the Family Resource Center are available to all students and their families. The Center Coordinator schedules appointments with these staff.

Services Available.

All services are provided on a full-time, year-round basis and are scheduled on a flexible schedule to accommodate family needs.

ASSESSMENT

All students who are referred for services meet with the Center Coordinator who completes a preliminary assessment of presenting issues, individual and family strengths, past history, previous interventions used in the school setting, and previous involvement with other agencies outside of the school. Contact with the youth's parent/guardian is made at this time and a release of information/consent for services is obtained.

When indicated, a more formal assessment is conducted by staff located in the Family Resource Center from the NCA Student Assistance Program. Situations that indicate a more formal assessment is appropriate include:

-Substance use/abuse
-No previous formal assessment combined with significant issues that are interfering with social, emotional, or school behaviors
-Multiple issues that would require the coordination of a variety of services

If needs are short-term, the Center Coordinator may refer youth for specific services provided by re-positioned staff or others in the community. If more intensive services are needed, the youth is referred to a program case manager and a case management plan is developed.

FOLLOW-UP

For students and their families who have completed some form of formal assessment/intervention/therapy in the past, the Center Coordinator or case manager reviews this history and encourages the family to follow through on any recommendations resulting from those services.

REFERRAL TO COMMUNITY RESOURCES

Following the preliminary assessment done by SUCCESS staff and/or the more comprehensive assessment completed by staff from NCA, the SUCCESS staff reviews the resources available to the family (financial, insurance, previous service providers, other service providers in the community) to make an appropriate referral which matches the needs of the client with the resources available. SUCCESS staff then meet with the family to discuss options and appropriate resources available in the community.

If re-positioned staff are available in the Family Resource Center to provide on-site services to the student/family, SUCCESS staff schedules time with the appropriate staff. If a referral is made for services to be received outside of the Family Resource Center, SUCCESS staff assists the family with scheduling, intake procedures, identifying methods of payment for services, transportation, and providing emotional support during initial and subsequent meetings if necessary.

SCHOOL-BASED SERVICES

Staff from a variety of human service agencies are located in the Family Resource Center to provide services on-site. Appropriate releases are obtained before services are scheduled. Agencies who have provided staff on a part-time basis to meet with students in school are listed on page 7.

CASE MANAGEMENT

For those families who have multiple issues, have received services from many agencies in the past, and may need current assistance in accessing community services, a case manager is assigned. The case management model provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliencies and to address and reduce the factors which place youth and their families at risk. The case manager assists the family in identifying and prioritizing their needs, setting goals, developing a plan for reaching their goals, accessing appropriate community resources, monitoring progress, and revising strategies where indicated. For those families who are reluctant to accept services from agencies outside the school, the case manager develops and implements interventions to meet individual student/family needs. This includes the case manager actively confronting the family regarding those issues which hinder their progress towards their goals and continuing to motivate the family to seek help from appropriate resources in the community. Case managers have their offices at Moulton, Harding, North, Alternative North, and South Alternative schools so children and youth have direct, easy access to their services and so the services are available to the children, youth, and their families in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families at any one time.

GROUP ACTIVITIES

Staff offer educational and recreational activities to children, youth, and their families.

Current Year Goals/Objectives

SUCCESS Program objectives are in alignment with District and building mission statements and objectives. All program objectives are reviewed, monitored, and evaluated each year. District objectives for the 1992-93 school year which are reflected in SUCCESS Program objectives include: 1) improve the general level of student achievement in the schools, 2) improve the student attitudes toward school and learning, and 3) improve student behavior. Building objectives are also reflected in SUCCESS Program objectives and are discussed in more detail in the Overall Goals and Objectives portion of the Context section.

In relation to the District objective to improve services to "at risk" students through improved management services, the Supervisor of the New Horizons Program serves as chairperson of the Youth At Risk Coalition. This coalition has been discussed in more detail on page 5 of this report. A progress report of the Coalition is available upon request.

SUCCESS Program objectives are differentiated as administrative process, student performance, staff process, or student process objectives. Administrative process objectives relate to the coordination of funding and to the definition of roles, objectives, and specific duties of all program personnel. Staff process objectives reflect such things as the assessment of student eligibility, managing a case load of students, and obtaining necessary parental permission for services. The program objectives and the results of the evaluation of data related to each objective are contained in the section of this report entitled, "Product Evaluation," page 17.

Responsibility Statement of Supervisor

The responsibility of the Supervisor of the New Horizons Program is to provide leadership which will maintain the integrity of the program's mission and provide management in order for the program to operate in an effective and efficient manner. The Supervisor of the New Horizons Program reports to the Executive Director of Middle and High School Programs and directly supervises the SUCCESS Program Manager.

Job Descriptions of SUCCESS Program Staff

Primary duties of SUCCESS Program staff are listed below:

Program Manager

- •Administers contracts with community agencies providing services to program participants
- •Coordinates the various service components of the program
- •Reviews the significance of program practices in relationship to confidentiality and other legal guidelines
- •Directs community education and information about program activities
- •Monitors program staff
- •Oversees client referrals
- •Plans staff development experiences
- •Oversees the evaluation and research component of the program

Center Coordinator

- •Assists with identification of program participants
- •Obtains appropriate releases and consents for youth to receive program services
- •Maintains confidentiality of program services
- •Assesses comprehensive needs, strengths, and weaknesses of children, youth, and their families
- •Ensures that there is coordination of services between the SUCCESS Program school, and community staff

- Provides counseling to children, youth, and their families
- Schedules and organizes counseling sessions and parent education classes on parent/child relations
- Organizes enrichment activities for participants
- Links participants to services available at the Family Resource Center
- Monitors services provided to participants
- Maintains accurate records and completes required reports

Case Manager

- Assesses comprehensive needs, strengths, and weaknesses of children, youth, and their families
- Develops an overall case plan for each participant
- Provides counseling to children, youth, and their families
- Links participants to the services and entitlements available to meet their needs
- Assists participants in overcoming barriers to utilizing services or receiving entitlements
- Monitors continuously services provided to participants
- Monitors continuously the progress of participants towards reaching their identified case plan goals
- Obtains appropriate releases and consents for youth to receive program services
- Maintains confidentiality of program services
- Maintains accurate records and completes required reports

School Nurse

- Provides primary health care services to children/youth
- Provides health counseling to children/youth and their families
- Provides for the confidentiality of all program services
- Assesses the comprehensive health needs of children/youth and their families, as well as their current and potential strengths and weaknesses
- Works with the case manager to develop an overall case plan for each child/youth being provided case management services
- Maintains accurate records and completes required reports
- Links children/youth and their families to the other health care services and entitlements available to meet their needs
- Designs specialized programs and curriculum for family and group education
- Outreaches to children/youth and their families to identify those in need of services

Secretary

- Answers telephone and takes accurate messages
- Provides for the confidentiality of all program services
- Types letters, memos, budgets, reports, proposals, instructional materials, check requests, newsletters and maintains appropriate files for those items
- Maintains computer database of program enrollment and services provided
- Operates word processing software
- Prepares mailings
- Prepares check requests and purchase orders
- Distributes, replenishes and reconciles petty cash
- Maintains supply of necessary program forms
- Prepares, follows through and maintains supply of printed program forms

In-service/Staff Development Efforts

The need to address particular topics as in-service or staff development activities is communicated on a regular basis to the Program Manager. This communication happens formally at weekly team meetings and yearly planning sessions, as well as informally through one-on-one conversations with staff. In-service/staff development activities for the SUCCESS Program occur in three major categories: weekly staff meetings, bi-monthly collaboration meetings, on-going professional meetings and conferences. Needs addressed by the activities, staff involved, and the benefits realized are presented in the chart that follows.

NEED	ACTIVITY	STAFF INVOLVED	BENEFITS
1. To have regular communication about program direction and activities	Staff meetings	All professional program staff	Staff are clear about their roles as SUCCESS center coordinators and case managers and are able to operate in a coordinated manner that is consistent with program philosophy, goals, and objectives.
2. To be well informed about the services offered by community resources and how to best access those resources	Staff meetings	All professional program staff	Staff have up-to-date information about new programs, changes in existing programs, and staff to contact in order to expedite access to services.
	Collaboration meetings	All professional program staff and staff from collaborating agencies	
3. To plan and share effective strategies for empowering families to achieve their goals	Staff meetings	All professional program staff	Families are benefited from the application of effective strategies that have proven successful. Staff develop innovative strategies that have not been tried before.
	Professional meetings and conferences	Staff who indicate an interest in particular meetings and conferences; all staff have the opportunity to attend a variety of meetings and conferences	

NEED	ACTIVITY	STAFF INVOLVED	BENEFIT
4. To regularly review the progress of families towards their individual goals	Staff meetings	All professional program staff	Families and staff maintain focus on goals and can make modifications as necessary.

As part of ongoing in-service/staff development activities, the following topics were addressed at staff meetings, collaboration meetings, and professional meetings and conferences:

Staff Meetings

- Programs for juvenile offenders who commit adult crimes were discussed by staff from the Youthful Offenders Program
- Youth gangs were discussed by a panel of individuals from the NCA, I Have a Dream, and Heartland AEA
- Employment opportunities, including a new program for pregnant teens, available through the Job Corps Program
- Parents InTouch Project provided information about the Families InTouch series of books which promote better parenting and are geared toward prevention of chemical use and sexually transmitted diseases
- New services available for pregnant teens through the Visiting Nurse Service's Connections Program
- High risk health concerns for sexually active and pregnant teens presented by staff from the Connections Program
- Housing for teen parents and how to facilitate access to housing at Homes of Oakridge; Homes of Oakridge staff met with SUCCESS staff to discuss their entrance requirements, application process, and worked with SUCCESS staff to develop an agreement to be used with mutual clients

In June, staff spent a day discussing a variety of topics related to program development and goals for 1993-94. In addition to a review of significant program developments month by month, staff addressed:

- program strengths and weaknesses,
- problems encountered and how they were resolved,
- new strategies implemented and the reasons for their success or failure,
- suggestions to state agencies that would improve outcomes for children and families. Public Health, Job and Employment Services, Mental Health and other Human Services, Economic Development, Family and Children Services, Human Rights, and Education were considered.

A summation of these discussions is included in the School-Based Youth Services Year-End Report submitted to the Iowa Department of Education and is available upon request from the SUCCESS Program, 501 Holcomb, Des Moines, Iowa 50313.

Agency Collaboration Meetings.

SUCCESS staff hosted collaboration meetings with United Way member agencies and other community resources. More than 60 different agencies were invited to participate in these collaboration meetings. Meetings were held approximately every other month and addressed a variety of topics. Meeting dates and topics were as follows:

DATE	TOPIC
September, 1992	Recognition of Individual Strengths
November, 1992	Grant Writing
February, 1993	Case Reviews facilitated by agency participants
May, 1993	Celebration of Community Collaboration

Professional Meetings and Conferences.

SUCCESS Program staff attended the following professional meetings and conferences:

African-American Male
A Matter of Justice and Compassion: Serving Gay and Lesbian Youth
Breakthrough Strategies to Teach At-Risk Youth
Coalition for Family & Children's Services
Conflict Manager Training
Face of Grief
Gang Prevention Training
Life Balance Workshop
Living with Grief and Healing with Hope
Maternal and Child Health Needs
Microsoft Word
Mobilizing the Family and Community
Respecting Diversity
Risky Business
Sign Language, Beginning
Sign Language, Intermediate
Stop Family Violence
Student At-Risk Conference
Summer School for Helping Professionals
Systematic Treatment Planning Using DSM III

In addition to the activities described above, the Program Manager participates on a number of committees which address identification of unmet needs and the coordinated development of programming to meet those needs. These committees include:

1 to 1 Leadership Council
Children At Risk Coalition
District Mentoring Committee
Infant Mortality Prevention Providers Group
Iowa Coalition for Adolescent Pregnancy Prevention
Mobilization Committee for Children At Risk
Youth At Risk Coalition

Influence of Technology.

The SUCCESS Program has an extensive management system for monitoring program activities and outcomes. Student data on services and outcomes are computerized to manage the information effectively and all the data to document objective attainment are submitted to the SUCCESS Program Manager and maintained on file. The database developed by the Program Manager has been implemented in the other three sites in the state receiving funding from House File 535 for School-Based Youth Services Programs. This was done in order to streamline and unify the system for reporting data on a state-wide basis. The SUCCESS Program Manager coordinated training of other state staff to implement the database and provides on-going support. Through a grant received from the FINE Foundation, the Program Manager developed a manual for other districts to use in monitoring outcomes and service delivery in programs serving youth at risk.

Given the existing database and the fact that case managers have access to Macintosh computers, it would be possible to reduce paperwork and staff time spent generating and entering data by computerizing referral, service, and outcome information. This would increase time available for staff to spend in direct contact with families.

As indicated earlier, to facilitate staff communication with families about generational issues, software called MacGenogram was purchased. This allows staff to create a pictorial representation of generational issues that is somewhat similar to a family tree in its design.

Management Systems for Monitoring

A documentation schedule has been established for the submission of data that relates to program objectives and other requirements. This schedule is available upon request from the Program Manager.

In addition, the case plans developed by families are reviewed formally by the case manager with family members at least twice annually--once in December and again in June. Case managers then complete a Case Management Summary which details issues being addressed, individual strengths, other resources accessed, and progress towards specific goals. These summaries are individually reviewed by the Program Manager in January and July. Based on the summary, the case manager assists the family in identifying new goals or making modifications to the existing plan.

PRODUCT EVALUATION

Contributions to Accomplishment of the District Mission

"THE DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT WILL PROVIDE A QUALITY EDUCATIONAL PROGRAM TO A DIVERSE COMMUNITY OF STUDENTS WHERE ALL ARE EXPECTED TO LEARN."

Many families in the Des Moines community live in conditions that make it difficult for them to nurture their children and adequately prepare them for success in the classroom. A variety of factors such as poverty, mental/physical/sexual abuse, homelessness, and substance abuse contribute to the children's failure to thrive in their families and succeed in their school programs. When children's basic needs for food, shelter, clothing, and safety are not being met, they cannot be expected to learn regardless of the quality of the educational program.

The SUCCESS Program directly contributes to the accomplishment of the District mission by serving a diverse population of students, strengthening those qualities in the family that enhance learning (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help) and by reducing factors within the family that interfere with learning (violence in the home; substance abuse; mental, physical, sexual abuse; homelessness; unemployment; lack of parental involvement in child(ren)'s education; health issues). This is accomplished by working intensively with selected families to assist them with:

- focusing on those issues within the family which have a negative impact on the children's success in the classroom
- prioritizing those issues
- developing goals and plans for reaching their goals
- facilitating access to community services
- reviewing and celebrating progress
- modifying strategies as families needs change

In regards to serving a diverse population of students, SUCCESS Program services are designed to meet the needs of those children and youth whose aspirations and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

In 1992-93, the SUCCESS Program served males, females, minorities, lower socioeconomic status, in these percentages:

CHARACTERISTIC	% OF PARTICIPANTS
GENDER	
Female	52%
Male	48%
RACE	
Total Minority	38%
African-American	30%
Asian-American	4%
Latino	3%
Native American	0.6%
Bi-racial	0.4%
Caucasian	62%
LOWER SOCIOECONOMIC STATUS	41%

Program Strengths

The program's most prominent strengths are in the areas of ability to 1) provide intensive services to families, 2) improve utilization of community resources through collaboration, 3) identify unmet needs, and 4) communicate program outcomes to funders and other interested parties.

1) The ability to provide intensive services to families means that
   - assessed needs are met,
   - services are provided that are responsive to the needs of families as they change over time,
   - customers (children, youth, and their families) are satisfied and,
   - outcomes improve for children, youth, and their families.

   EVIDENCE:
   Over 70 percent of families who receive case management services make progress towards achieving the goals that they develop in their individual case plans.

   Over 80 percent of students and parents report satisfaction with program services.

2) Improving utilization of community resources through collaboration results in
   - services that are easier for families to access and
   - efficient and timely linkages to human/social services providers.

   EVIDENCE:
   Thirteen agencies have re-positioned staff in Family Resource Centers.

   For three years, the connection rate for referrals to community agencies has exceeded 70 percent.

3) Identification of unmet needs results in:
   - planning which makes the most economic and effective use of limited resources,
   - reduction in gaps in service delivery,
   - resource allocation to areas of highest unmet need.

   EVIDENCE:
   Mental health clinicians have been included as a key staff in the Way to Grow Program.

   Visiting Nurse Services added staff to work exclusively with pregnant teens through the Connections Program.

   Transportation needs will be better met as a result of United Way's assistance in obtaining a Variety Club Sunshine Coach for the SUCCESS/Way to Grow Programs.

   A full-time staff person is available at North High School to coordinate substance abuse services.

4) The ability to communicate program outcomes to funders and other interested parties has made it possible to:
   - attract funding from sources outside of the District including private, state, and federal dollars
   - expand the program within the District
   - share the model and serve as a resource to other communities interested in implementing similar services

   EVIDENCE:
   Private sector contributions have been approximately $100,000 each year.

   Additional proposals have been funded by the state for projects serving homeless youth and youth impacted by their own or family members substance abuse.

The program has expanded from the original three to five sites.

During the 1993-94 school year, a continuum of services will be implemented to include pre-natal to six year-old children and their parents through the Way to Grow Program.

Developmental information has been collected and assembled which will be available to other communities in Iowa as they implement school-based programs.

Program Weaknesses

The program needs to continue to improve in three major areas:

1) Greater Utilization Of Community Resources Within The Schools

Although several agencies have re-positioned staff in program schools, the need for certain services continues to exceed the availability of professional staff or volunteers. This is especially true for mental health services, substance abuse services, and tutors/mentors.

As the services of mental health clinicians are made available through the Way To Grow Program, mental health needs will be better met at the elementary level. In time, this should decrease the need for such services at the secondary level. However, mental health services continue to be a priority unmet need at the secondary level.

With the closings of many programs that offered substance abuse treatment, the options for youth needing assistance in this area have become seriously limited. It is frustrating for building teams to identify youth who need assistance with substance abuse issues and then have no source of support in the community. We do have staff from the NCA who can assess chemical dependency needs, but there are inadequate resources to follow-up with recommendations. Although we will be better able to provide support during the 1993-94 school year through a grant for a full-time substance abuse specialist at North, this will not improve access to treatment.

We have struggled in our attempts to provide tutoring/mentoring services to children and youth. While many youth have indicated an interest in having a tutor to assist the with their studies, many have had schedule conflicts with the time that most tutors are available. Volunteers from local businesses are typically available after 5:00PM. This creates a barrier because school is dismissed at 2:40PM and youth would need to return to the school building after they have been dismissed. In addition, many youth are not available after school because of work, extracurricular, or family responsibilities. Study halls would seem to be an ideal time to provide tutoring services if volunteers can be located who are free during the school day. VISTA volunteers working with the United Way 1 to 1 Initiative are exploring options with various business to release employees and recruit college students to better meet the needs of high school youth requesting tutoring.

2) Full utilization of technology

As the program has expanded, so has the need for technology that can accommodate the data that is collected and communications systems that facilitate the efficient transfer of information. Demographic, outcome, and service information is collected in one database. As schools have been added and increasing numbers of participants are served, the size of the database has grown to the point that processing and retrieving data is tedious if all records are kept in one file. With separate files for each school, data entry and retrieval are less efficient.

As described in the future planning section of this report, a hook-up to Mid Iowa Computer would improve access to demographic information, attendance, and grades; eliminate duplication in data entry; and increase accuracy. The installation of Quick Mail would improve communication between buildings and with the New Horizons Office.

3) Identification of a simple measure of outcomes

Family needs are complex and those issues that have the greatest impact on success in school are often generational. Therefore, progress can be slow and unique to each individual family. The impact of interventions and support provided now may not be known for several years. Obvious measures such as attendance, grades, dropout rate, and re-enrollment rate do not reflect the changes that may be taking place in areas that families have identified as priority.

A number of different strategies have been employed to evaluate program effectiveness which are reported later in this section. While these measures capture general trends for the program and participants, they do not reflect the significant individual progress that is an important part of the intensive case management strategy. Case histories better reflect individual progress, but it is difficult to quantify the human dimension of the program.

Program Recognition

FINE Award--The SUCCESS Program received recognition as a FINE Program in the Spring of 1992. Governor Branstad visited North, Moulton, and Harding schools as part of this award.

FINE Foundation Grant--The Department of Education received this grant which made it possible for the SUCCESS Program Manager to develop a manual which would assist other communities in implementing the database that was developed for the original state funded school-based programs.

National Association of School Boards--Representatives from the school board, United Way, and the SUCCESS Program presented on the topic of community collaboration at the National Association of School Boards in the Spring of 1992.

North Central Region Educational Laboratory (NCREL)--The SUCCESS Program was selected by the NCREL to be studied as a national model for successful collaborative early intervention programming.

In addition to the recognition cited above, the SUCCESS Program has been visited by both state senators and receives numerous requests within the state and nationally for information about developing school-based services. Staff from an early childhood program in Salt Lake City, Utah, visited the program for two days and students from an Iowa State University class in Early Childhood Development visited as part of a field trip to study services available to families.

Outcomes From Student Performance Objectives

The primary goal of the SUCCESS Program is to empower children and youth to succeed in educational programs, complete high school, remain drug- and alcohol-free, and to become productive workers and contributors to the community. The comprehensive goals and objectives of the SUCCESS Program and the specific services offered by staff are in alignment with the District mission statement and objectives and are designed to support building objectives identified for the 1992-93 school year.

The secondary goals of the program are to:

- Establish Family Resource Centers located in schools with high rates of children and youth who are at risk which integrates the services of multiple providers;
- Facilitate joint planning and make the most economic and effective use of limited resources;
- Reduce the risk factors associated with alcohol and drug use which impact children and youth and their families; and
- Increase resiliency and protective factors within high risk youth and within high risk families and communities to reduce the likelihood that youth will use alcohol and other drugs.

The first two secondary goals are addressed in the section "Progress on Process Objectives," page 29.

Following is detailed information about SUCCESS program objectives related to the remaining two secondary goals in terms of student and family performance.

1. At the conclusion of the program year, 70 percent of youth who received case management services will demonstrate progress towards their individually identified goals. These goals will be developed in the areas of attendance, grades, credits earned, enrollment in educational programs, health, interpersonal behavior, family environment, and other factors that interfere with their achievement at school.

   DOCUMENTATION: Case Management Plan Summaries submitted annually to the Program Manager

As families are identified for case management services, their case manager works with them to identify and prioritize their needs. As families discuss their needs with the case manager, a case management plan is developed in which they set long-term goals and short-term objectives with specific action steps. The case management plan is developed within three months of when the family is assigned for services and is formally reviewed at the end of each semester. Revisions are made as indicated following these reviews. A summary of progress made on goals identified in the case management plan is presented in Table 1. Progress was defined as accomplishing any objective that was part of any one of their identified goals. The objective was met at the 89 percent level and all supporting data are on file.

Table 1
Progress With Goals Identified in Case Management Plans

	# Receiving Services for At Least 3 Months	# Making Progress With At Least One Identified Goal	% Making Progress With At Least One Identified Goal
Moulton	14	14	100%
Harding	37	33	89%
North	51	44	86%
Alternative North	10	8	80%
South Alternative	15	14	93%
TOTAL	127	113	89%

Data were also collected on the areas in which specific goals were established. Table 2 reviews progress towards individual goals, for all schools, divided into specific areas.

Table 2
Progress With Goals Identified in Case Management Plans

GOAL AREA	# IDENTIFYING GOALS IN AREA	# MAKING PROGRESS TOWARDS IDENTIFIED GOAL	% MAKING PROGRESS TOWARDS GOALS
Grades	17	12	70%
Attendance	25	16	64%
Credits Earned	29	26	90%
School Enrollment	12	8	67%
Health	19	15	79%
Interpersonal Behaviors	27	21	78%
Family Environment	45	35	78%
Employment	17	14	82%
Housing	19	15	79%
Healthy Pregnancy	22	22	100%
Other	8	7	87%
TOTAL	240	191	80%

Regarding the individual progress towards identified goals, it is important to note that 25 out of 26 pregnant and parent teens at North stayed in school. At South Alternative High School, 11 of 12 students receiving case management services stayed in school and nine of those 12 received improved attendance ratings during the year.

Case managers often comment on the tentative progress that families make and frequent setbacks that they will experience. What may be noted as progress one day, can change dramatically the next as a new crisis presents itself and priorities change. It is helpful to review the impact of the program by examining more closely those factors that affect each family. Brief case studies follow for this purpose.

ELEMENTARY CASE STUDY

This family was referred to the SUCCESS Program in April of 1991. The mother was a single parent with six children ranging in age from 10 months to six years old. Emotional problems, which included severe depression and hallucinations, made it difficult for her to provide for her children's physical and emotional needs. Frequent moves between Des Moines and Davenport made it difficult for the children to settle into a regular routine either at home or at school.

At the time of the referral, the family was facing eviction in 30 days and the mother was threatening suicide and "taking the children to the river" with her. The case manager coordinated services for the family with Broadlawns Homeless Outreach Project, Family Preservation, Child Abuse and Neglect Council, Broadlawns Day Treatment Program, Homes of Oakridge, and the Parent Infant Nurturing Center.

Although the children were removed from the home and placed in foster care for approximately three months, all have been returned to the mother's care and have been making good progress since the Fall of 1991. The mother continues to meet bi-weekly with a therapist and the two oldest children see a therapist from Broadlawns who has been re-positioned at Moulton.

Last year the family moved to Homes of Oakridge where there are a number of on-site services. The mother's desire to provide an appropriate environment for her children is strong and her parenting skills have improved. While the family still has a number of agencies involved, that number is declining.

MIDDLE SCHOOL CASE STUDIES

After seeking out recreational opportunities on his own through the SUCCESS Program, this student was also referred by the vice principal for excessive truancies. Both parents were supportive of assistance available to their son through the Program. The father is a recovering alcoholic who has medical problems related to a heart attack and the mother was hospitalized for a bleeding ulcer. The student monitors both of his parents' medications.

The plan developed for this student included:

- •Attending class each day, on time. To facilitate this, contracts were developed with the student and parent which included incentives for performance. Contracts were updated monthly.
- •Participation in 4-H Extension Program, Children of Alcoholics (COA) support group, and Art Therapy program. All of these were available on-site at school.
- •Assignment of a mentor through the United Way 1 to 1 Mentoring Program.
- •Individual problem-solving sessions, transportation, and regular monitoring provided by the case manager.

During the second semester, this student reduced his truancies from nine to three, completed participation in all three school groups, and met weekly with a mentor.

Depression and family conflicts brought this 13 year-old female to the SUCCESS Program. She had been in foster care from age four to nine and currently resides with her maternal grandmother. She had previously received therapy at Des Moines Child and Adolescent Guidance. She was unable to continue due to lack of insurance and inability to pay for services. Due to her depression and concern over family issues, her grades had declined.

The case management plan for this student focused on resolving family issues and improving grades.

An attention disorder was diagnosed when this student began working with staff from Family and Adolescent Therapies. She was placed on medication which appeared significant in improving her on-task behavior in class. She was able to earn all A's and B's for the second semester. This student was also accepted into the Upward Bound Summer Program through the Des Moines Area Community College and is preparing to enter high school in the fall of '93 where a case manager will be assigned to continue to monitor her progress.

HIGH SCHOOL CASE STUDIES

This student was referred to the SUCCESS Program by the school nurse because of concerns about his substance use and failing grades. He was failing four out of six classes the first semester. His mother is a recovering alcoholic, and the family was struggling financially after a partner left the family business.

During an initial assessment through the NCA's Student Assistance Program, the student denied problems with substance use. He was re-evaluated after being caught with alcohol in his locker and being suspended from school. He admitted that he was abusing substances.

Several treatment options were reviewed but found unsatisfactory due to lack of insurance. The Harold Hughes Recovery Center offered to provide outpatient treatment at no cost to the family. The case manager assigned to work with this student played a key role in coordinating services between the treatment program and school and in motivating the student to complete the program at a time when he considered leaving treatment.

The student completed the outpatient program in addition to attending school on a full-time basis. Following treatment, he participated in a school-based support group. He passed four of six courses and earned sufficient credits to complete the tenth grade.

Following the murder of her father in 1991, this female student's attendance and grades dropped. She stopped attending school during the 1990-91 school year and was dropped from school during the 1991-92 school year. A case manager had been assigned to work with her at the end of the 1991 school year and continued to provide services although she was not attending school. Previous case management plans had focused on coordinating services to assist the family in resolving grief issues.

During the 1992-93 school year, the goals for this student were to assist her in completing her education and in obtaining employment.

The student was referred to the Youth At Risk Consortium where she completed the program and earned her GED in February, 1993. She plans to enter the Iowa School of Beauty and has been communicating with staff there about entrance requirements and financial aid.

ALTERNATIVE HIGH SCHOOLS CASE STUDIES

This reserved and polite 16-year-old male sought services from the SUCCESS Program after having struggled with living on his own for two years. He had no permanent residence and no resources for food or medical care. Contact with his mother was irregular, about twice a month, and he had no contact with his father, brother, or sister. Over the past two years he had lived with relatives in Michigan and California.

The goals for this student were to establish some stability in his living situation and to obtain food stamps and medical care.

As of the end of the school year, the case manager had assisted the student in obtaining housing through the Iowa Homeless Youth Center, Independent Living Center. He was scheduled to move into his own subsidized apartment in July. Food stamps and Title XIX medical coverage were obtained as the student followed through with all requirements for entitlements through the Iowa Department of Human Services.

Revisions in his case management plan for summer and fall will include securing employment.

After dropping out of school in the Fall semester following the delivery of a daughter, this 18-year-old decided to return to the Alternative School second semester. When she returned to school, this teen parent needed assistance with housing, information on community resources that could help her with living independently as a teen parent, and support in continuing her education.

The case manager worked with this teen to obtain stable housing in an apartment where she has resided since December of 1992 and assisted her in applying for entitlements available through the Department of Human Services and WIC. She was able to complete a full year at the Alternative School and earned credits toward graduation.

2. Throughout the program year, the case managers, center coordinators, and Program Manager will identify the natural strengths and resiliency factors of youth and families benefiting from case management services and incorporate these factors into their case management plans.

   DOCUMENTATION: Copies of case management plans on file with the Program Manager

Students and their families assigned to case managers complete an assessment process which allows several opportunities for identification of their natural strengths and resiliency factors (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help). These opportunities occur at the time of their initial intake and pre-assessment with the Center Coordinator, during the formal assessment conducted by staff from the NCA, and at the time they develop their case management plan with their case manager.

Case management plans were developed for each and all of the students assigned to a case manager and progress with identified goals and objectives was reviewed formally at least twice during the year. The objective was met. Case Management Plans, Case Management Summaries, NCA Evaluations, and Pre-Assessments are maintained in individual students files.

3. Throughout the program year, the case managers, center coordinators, and Program Manager will communicate and reinforce the identified natural strengths and resiliency factors of youth and families benefiting from case management services to these individuals so these strengths are maintained and increased.

   DOCUMENTATION: Copies of case management plans on file with the Program Manager

As stated in the previous objective, case management plans were developed for each of the students assigned to a case manager and a summary of progress with identified goals and objectives was maintained for each student. As case management plans are developed with individual families, problem areas are identified, the goals and objectives are agreed upon, and the case manager communicates strengths and resiliency factors that will assist them in achieving their goals. Case management plans are revised as family needs change and the strengths and resiliency factors (social supports, resourcefulness, willingness to use other resources, desire to help children, flexibility, adaptability, strong survival instincts, willingness to accept help) are communicated to families during individual or family counseling sessions, home visits, and school conferences.

The objective was met. Case Management Plans and Summaries are maintained in students' files.

4. Throughout the program year, the case managers, center coordinators, and Program Manager will identify parent and youth education seminars and activities which will strengthen the natural resiliency factors of youth and families.

   DOCUMENTATION: Logs of seminars and activities offered on file with the Program Manager and Case Management Plans

Weekly parenting classes were offered by the Center Coordinator at North High School and staff from Des Moines Child and Adolescent Guidance Center. Twenty-five parents from Harding and North attended these evening classes. The manual Systematic Training for Effective Parenting (S.T.E.P.) For Teens manual was used to guide discussions.

To accommodate the needs of parents attending the class who had younger children at home, a youth activity group was also offered weekly at the same time. Twenty-one different youth participated in these activities one or more times. Holding these activities concurrently made it possible for the parents to attend without being concerned about the care of their children during that time. In addition to recreational activities such as attending North athletic activities, using program computers, and viewing videos, staff also planned educational activities such as discussions about self-esteem and HIV/AIDS education.

Because SUCCESS Program staff need to develop positive relationships and a trusting environment where family members feel comfortable in voicing concerns and asking for and accepting assistance, staff focus primarily on establishing trust and developing positive one-on-one relationships before involving families in seminars and activities. Program experience has demonstrated that building positive, trusting relationships with individual family members takes considerable time. In some

cases, it may take several months before a family member will answer the door to permit a case manager into their home for a visit. When more positive, trusting relationships are established, family members are more open to the suggestions offered by staff and to accepting help from other agencies.

Some of the other barriers that have been encountered in trying to increase student and parent participation in activities outside of school hours include:

- need for child care so that parents with young children can participate
- lack of transportation
- competing priorities
- need for incentives to encourage participation
- work hours for students immediately after school is out

The objective was met. Logs of Seminars and Activities are on file with the Program Manager.

Survey Results

FOLLOW-UP SURVEY OF 1992 GRADUATES

5. Within nine months after youth who received center services have graduated, 75 percent or more of a 10 percent random sample of these youth shall respond positively to program services as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview which specifically asks youth to respond to their current employment status, and their perceived levels of productivity and contribution to the community.

   DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

A follow-up survey was administered by telephone in the Spring of 1993. Attempts were made to contact 24 seniors who had received program services and graduated in 1992. Students were contacted by staff who had not worked directly with them in providing services. If there was no telephone or staff was unable to make contact by telephone with the graduate, a letter was mailed to the last address on record which requested that the graduate make contact with the SUCCESS Program. A total of eight graduates (33 percent) responded to the survey and information was obtained from two parents regarding the status of two other graduates. This low rate of contact once again reflects the highly mobile nature of the families that are served by the SUCCESS Program.

The status of the ten graduates for whom follow-up information was obtained (either from the graduate directly or from their parent) is reflected below:

Employed*		4
Full-time	2	
Part-time	2	
Military Duty		1
College/University*		3
Homemaker**		1
Unemployed***		1

*One student was working while attending school and a second was working two part-time jobs.

**This graduate was a parent and planning to attend DMACC in the Fall of 1993.

***This graduate had sustained a back injury while working and was seeking other employment.

Eight of the ten graduates, eighty percent, were working or in school. For those who were employed, the following occupations were cited:

Cashier
Clerical
Labor/Conservation
Food Service
Security

All eight graduates responding to the survey considered SUCCESS to be a good program and five, 63 percent, indicated that if they were to be in high school again, they would choose to be in the program. They reported that they liked the program because of the staff, referrals to people who could help, and receiving help so they wouldn't have to worry.

All felt that the program helped them to graduate and six of the eight, 75 percent, felt that the program helped to prepare them for future responsibilities. They reported that the SUCCESS Program helped prepare them for responsibilities after graduation by helping them to "focus on the future," "looking forward to something after high school," "dealing with problems rather than holding things in," "having someone who understands to talk to," and "assisting with transportation."

Only one of the graduates reported that she was involved in any volunteer or community activities. Two reported that they were using community services--one for basic needs and health and the other for counseling and health needs.

Changes in the program that they felt would make it better included more group activities, larger office space, and more frequent counseling sessions.

This objective was achieved, and appropriate documentation is on file.

STUDENT AND PARENT SURVEYS

6. Near the end of the program year, 75 percent or more of a random sample of youth and parents receiving center services shall respond positively to the program as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview. The Iowa Department of Education will be responsible for developing the survey, establishing size of the random sample, and analyzing the data.

   DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

The surveys developed in 1991-92 by the Iowa Department of Education to measure satisfaction with program services and perceived outcomes were combined into one instrument for the 1992-93 school year. Several improvements were made to the survey as a result of feedback obtained from SUCCESS students who tested the surveys. The instrument used this year was easier for students to understand and appears to be more sensitive to improvement in targeted areas such as achievement in school, attitude towards school, health, employment, and attitudes about self and family.

Thirteen elementary students, 23 middle school students, 43 high school students, 11 alternative school students, and 55 parents were surveyed. All surveys were submitted to the Iowa Department of Education for computer analysis. Results of the survey will be communicated when that information is available.

Summaries of Observations Made by State Third-Party Review Team

Each year the program is reviewed by a third-party team selected by the Iowa Department of Education. Members of this team include representatives from the Department of Public Health, Department of Employment Services, Department of Education (school nurses, social workers, At-Risk/Homeless/Dropouts), and Department of Human Services (Division of Adult, Children, and Family Services and Mental Health/Mental Retardation Developmental Disabilities). During the review made in 1993 the visiting team probed 13 specific issues:

- progress over the past two years (Appendix A)
- ability to continue funding after the fourth year
- ability of agencies to deliver services via school-based programs, such as SUCCESS
- coordination of schools and agencies
- importance of job training and employment
- staff preparation to implement school-based services
- role of the school nurse
- role of the family
- segment of students with which we are successful
- involvement of out-of-school youth
- efforts to dispel the negative effects of cultural diversity
- revising service agency and school personnel job descriptions to co-locate staff in schools with no added cost to the community
- role of the school social worker

Specific comments related to Des Moines included:

Excellent progress in mobilizing community resources.
Early provision of health services at the elementary level will provide earlier detection and increased physical fitness.
The facilitator role of grant-funded staff should be emphasized with school administration and other staff.
The ability of staff to facilitate access to services for families is critical and dependent upon manageable case loads.
Future planning by the District on space utilization should consider creation of Family Resource Centers that are open and accessible to parents with space for all support staff that will encourage team-building.
Future funding efforts appear to be successful.
Progress report on identified needs and identified strategies is very important and should be shared with school administration (attached as Appendix A).
Good demonstration of across-the-system involvement in planning, financing, and implementation of services.
Excellent evidence of improvement of agencies' ability to provide on-site and at-home services.
Develop staff training curriculum centered around cultural competency issues.
Hire or share bilingual staff.
Use children, siblings, and family friends to enhance family participation.
Resolve issues between school social workers and staff of the SUCCESS Program.
Provide case specific (clinical) supervision to case management personnel.

The complete review prepared by the third-party team is included as Appendix B. Recommendations made in this review will be used to guide future planning.

Costs vs. Benefits

Expenditures for the SUCCESS Program during the 1992-93 school year were $488,134.56. The estimated loss of personal income and state revenues over a lifetime for one dropout is $300,000. If only two youth stayed in school and graduated that might have dropped out, the benefit of providing services has surpassed the entire cost of the project for one year. It can be projected that approximately

one-half of the 25 pregnant and parenting teens who stayed in school at North during the 1992-93 school year would have dropped from school were it not for the extra support they received. For example, at East High, during the 1992-93 school year, approximately one-half of the pregnant and parenting teens dropped from school.

With 964 children, youth, and their families served, an expenditure total of $488,124.56 equates to approximately $500 per family over the course of the year. In all, 12,794 individual contacts were provided to the 964 participants. This would equate to a cost of approximately $38 per service. These costs can be viewed against the cost to society of a student dropping out of school which results in loss of personal income and state revenues, increased unemployment, increased risk of incarceration, and more expensive health care.

While it is not difficult to calculate the cost of providing services through the SUCCESS Program, it is difficult to measure the benefits and the costs of not providing services at all. Are benefits based on the product at the end of each year or are they based on the long-term goals of the program which include graduation, employment, and being healthy and drug-free? Those types of goals are long-range for the elementary and middle school youth who are served. When services are preventative, how do you measure what does not happen? How can one determine how many children might have gone to foster care, how many youth might have dropped out of school, or how many would eventually be incarcerated?

Progress on Process Objectives

The following secondary goals of the SUCCESS Program are addressed in detail in this section.

- Establish Family Resource Centers located in schools with high rates of children and youth who are at risk which integrates the services of multiple providers;
- Facilitate joint planning and make the most economic and effective use of limited resources;

Administrative Process Objectives

1. Family Resource Centers will operate at Moulton, Harding, North, Alternative North, and South Alternative schools during 1992-93.

   DOCUMENTATION: A complete listing of program personnel, their roles, objectives and specific duties on file in the program office, the principal's office at each building operational site within which boundaries the personnel perform their duties, and the office of the New Horizons Supervisor

During the 1992-93 school year, SUCCESS Program services were offered for the first time at Alternative North and South Alternative high schools. Two new case managers were employed, one at each site. With the remodeling of a new Family Resource Center at Harding Middle School completed, a Center Coordinator and additional case manager were employed bringing the number of SUCCESS staff at Harding to three. Moulton and North were staffed at the same level as they had been at the end of the 1991-92 school year. Total program staff consisted of one Program Manager, two center coordinators, eight case managers, and one secretary.

In addition to these staff employed with program funds, staff were re-positioned in program schools with their wages supported by the community agencies employing them. Agencies providing staff to spend a part of their time serving children, youth, and their families in program buildings included:

Big Brothers/Big Sisters
Broadlawns Medical Center, Adolescent Psychiatric Services
Des Moines Child and Adolescent Guidance Center
Des Moines Health Center
Iowa Methodist Medical Center

ISU Extension
Job Service of Iowa
Lutheran Social Service
National Council on Alcoholism
    Student Assistance
    Central Assessment Center
    Project Uplift
Polk County Victim Services
United Way 1 to 1 Mentoring Initiative
Visiting Nurse Services
Young Women's Resource Center

Each of the five building principals received a manual which contained roles, objectives, and specific duties of SUCCESS personnel working in their building.

This objective was achieved. Documentation is on file and the necessary activities were conducted.

2. Throughout the program year, the Supervisor of the New Horizons Program will coordinate all funding activity for the program in conjunction with the various funding agencies, community agencies, the District, and any other involved groups.

    DOCUMENTATION: A complete listing of all funding agencies and a record of the expenditures by funding agent and category of expense for the previous year on file with the New Horizons Supervisor

During the 1992-93 school year, a total of $72,605 was generated through concentrated efforts to raise awareness of the SUCCESS Program in the community and the development and submission of proposals to potential private contributors. Private contributors to the SUCCESS Program are shown in Figure 3.

Figure 3
1992-93 Private Contributors to the SUCCESS Program

CONTRIBUTOR	AMOUNT
American Republic	$ 2,500
Amoco	5,000
Blue Cross/Blue Shield	15,105
Business Women's Association	10,000
Gannett Communities Fund/ Des Moines Register	10,000
Hawley Foundation	5,000
Meredith Foundation	15,000
Mid-Iowa Health Foundation	10,000
TOTAL	$72,605

Private sector funds which were unspent in the 1992-93 school year will be carried over to the 1993-94 school year to expand and continue program services.

In addition to the contributors listed in Figure 3, funding proposals were submitted to the following organizations with the results indicated:

Organization	Application Amount	Status
John Deere and Company	$10,000	Pending
Greater Des Moines Community Foundation	3,000	Pending
E. T. Meredith Foundation	$15,000	Denied
Farm Bureau Life Charitable Contributions Trust Foundation	$10,000	Denied
Pioneer Hi-Bred International	$10,000	Denied
Principal Financial Group	$20,000	Pending
Target	$10,000	Pending

The objective was achieved and appropriate documentation is on file.

3. Throughout the program year, the Program Manager will consult with various community agencies to identify staff from these agencies who can be re-positioned in Family Resource Centers at program schools to provide services to families.

   DOCUMENTATION: A complete listing of agencies with re-positioned staff on file in the Family Resource Centers

Because there are no financial agreements with community agencies who provide services to youth and their families in the Family Resource Centers, it was determined that, in most instances, formal agreements were unnecessary. At the request of one agency, Broadlawns Medical Center, such an agreement was developed last year. This agreement is on file in the program office.

Agencies that re-positioned staff in Family Resource Centers during the 1992-93 school year were:

Big Brothers/Big Sisters
Broadlawns Adolescent Psychiatry
Des Moines Child and Adolescent Guidance Center
Des Moines Health Center
Iowa Methodist Medical Center
Iowa State University Extension Service
Job Service of Iowa
Lutheran Social Service
National Council on Alcoholism
Polk County Victim Services
United Way (VISTA) 1 to 1 Mentoring Initiative
Visiting Nurse Services
Young Women's Resource Center

The objective was met.

4. At a minimum, job training and employment services, mental health and family counseling, and preventative and primary health care services will be available to center youth and their families.

   DOCUMENTATION: Complete listing of Program personnel, their roles, objectives and specific duties and a listing of staff from other community agencies re-positioned in Family Resource Centers as well as logs of services provided to Center youth, on file in the Program office

All of the services described above were made available to children and youth and their families at the five program schools. These services were either provided on-site or made available by referrals to outside agencies. The total number of contacts children and youth and their families had in the areas of job training/employment services, mental health/family counseling, preventative/primary health care services and basic needs are shown in Table 3.

Table 3
Services Received by SUCCESS Program Participants

SERVICE AREA	NUMBER OF YOUTH RECEIVING SERVICE AT LEAST ONE TIME	TOTAL NUMBER OF SERVICES RECEIVED
Employment	95	125
Mental Health	147	490
Primary/Preventive Health Care	442	615
Basic Needs	51	326

The objective was achieved and the necessary documentation is on file.

5. Throughout the program year, Family Resource Center activities and services will be available to children, youth, and their families in a flexible manner.

   DOCUMENTATION: A schedule of Center activities and services on file in the Program office

All staff employed by the SUCCESS Program work flexible hours and are available to children, youth, and their families on a twelve-month basis at the times that are most convenient to them. This includes before school, during school, after school, Winter and Spring breaks, and occasionally on weekends. Special activities and services that were available to students, their families, and the community are shown in Table 4. This objective was achieved.

Table 4
Special Activities and Services

Seminar or Activity	Number of Participants	When Offered
Des Moines Register Learning Center Computer Classes	7	Summer
Big Brothers/Big Sisters—Life Choices Introduction Intermediate	 9 6	Summer
Broadlawns Adolescent Psychiatric Program	10	During the school day
Des Moines Child and Adolescent Guidance	9	During the school day
Des Moines Health Center -Dental Screenings	349	During the school day
Recreational Activities Adventureland Henry Doorly Zoo Farley's Family Fun	 20 17 27	Summer
HIV/AIDS Education	20	As part of regular class and in the evening as part of a teen activity group

Immunization Clinic	56	During school registration
Iowa Methodist Medical Center-Lamaze Class	10	During the school day
Job Service of Iowa-Employment Services	77	During the school day
Lutheran Social Service-Case Management	3	During the school day and after school
NCA and Other Drug Dependencies-Assessment Services	80	During the school day
Picnic at Union Park	14	Summer
STEP/Teen Parenting Class	25	Evenings
Polk County Victim Services -Support Group	10	During the school day
VISTA Tutoring	22	After school
Young Women's Resource Center	6	During the school day
Young Men's Group	11	During the school day

Staff Process Objectives

1. By the end of the program year, SUCCESS Program staff will have provided services to at least 600 unduplicated youth.

   DOCUMENTATION: Records of referrals and the services provided compiled monthly and submitted to the Program Manager

One center coordinator, three case managers, and the school nurse at North High School served a total of 464 youth and their families during the 1992-93 school year. One center coordinator, two case managers, and the school nurse at Harding Middle School served a total of 186 youth and their families. At Moulton Elementary School, one case manager and one school nurse served 226 children and their families. At Alternative North High School, one case manager served 27 youth and families and the case manager at South Alternative High School served 61 youth and families. The program was new at both alternative high schools. A total of 964 children, youth, and their families were served.

A confidential file was maintained for each child or youth having formal contact with SUCCESS staff and the services provided by staff were submitted monthly.

The objective was achieved. Documentation for this objective is on file with the Program Manager.

2. Throughout the program year, the Program Manager, case managers, and center coordinators at SUCCESS Program schools will assess the need for drop-in youth and referred youth to be provided the services of a case manager.

   DOCUMENTATION: Copies of referral forms and assessment interviews for each student referred on file with the Program Manager

A pre-assessment instrument was developed to assess the needs of children, youth, and families referred for service. This pre-assessment documented the presenting issues, previous attempts to correct the problem, involvement with other agencies, staff impressions, past attendance, behavioral and academic problems, and current recommendation for the child and his/her family. If this pre-assessment indicated that the family would benefit from case management services, a more formal assessment of need was conducted by re-positioned staff from the NCA or assessment staff representing an agency that the case manager was planning to connect the child or their family with for additional professional counseling services.

A total of 34 children and their families were identified to receive intensive case management services at Moulton. The other 192 children and their families received specific services from the case manager or school nurse such as home visits, dental screenings, referral to appropriate resources, individual counseling, and/or intensive follow-up to ensure that services were received.

A total of 63 families were identified for case management services at Harding and 84 families were identified for case management services at North. Another 123 children and their families at Harding and 380 at North received specific services from the case manager, center coordinator, or school nurse such as home visits, referral to appropriate resources, individual counseling, and/or intensive follow-up to ensure that services were received.

The case managers at the alternative schools identified a total of 25 families for case management services and provided less intensive services to another 63 youth and their families.

This objective was achieved. All referral and pre-assessment data documenting this activity are on file with the center coordinators, case managers, and the Program Manager.

3. Throughout the program year, case managers will develop a case management plan for each youth identified for case management services and will formally review the plan at least annually with the children or youth and families.

   DOCUMENTATION: Copies of Case Management Plans for each youth identified for case management services on file with the case manager

Case managers developed plans for each youth identified for case management services.

This objective was achieved and appropriate documentation is on file.

4. Throughout the program year, each case manager at Moulton, Harding, North, Alternative North, and South Alternative will provide case management services to a minimum of 15 youth and their families.

   DOCUMENTATION: Copies of Comprehensive Log of Services and Staffing Reports on file with the Program Manager

Each case manager, with the exception of the case manager at Alternative North, provided case management services to at least 15 youth and their families. At any one time, case managers provided services to no more than 20 families. As services for some families were terminated, other families were added. The numbers of families at program schools receiving case management services are reflected below.

SCHOOL	# OF FAMILIES RECEIVING CASE MANAGEMENT SERVICES
Moulton	34
Harding	63
North	84
Alternative North	10
South Alternative	15
TOTAL	206

Case management services were terminated for a total of 46 families. Table 5 summarizes reasons for termination of case management services.

Table 5

Reasons for Termination of Case Management Services

School	TOTAL # RECEIVING CASE MANAGE-MENT SERVICES	TOTAL # OF SERVICES TERMI-NATED	REASONS FOR TERMINATING SERVICES				
			GOALS ACHIEVED	OTHER AGENCY PROVIDING SERVICES	NO PROGRESS ON GOALS	MOVED	REFUSED SERVICES
Moulton	34	9		2	1	6	
Harding	63	6	1		1	4	
North	84	29	14		3	7	5
Alt. North	10	2				1	1
South Alt.	15	0					
TOTAL	206	46	15	2	5	18	6

While 33 percent of the families terminated case management services because they had achieved their goals, another 39 percent moved and were either not interested or not available for continued services. Only 11 percent of families terminated services due to lack of progress and 13 percent refused services.

Table 6 summarizes selected services provided by case managers during the 1992-93 school year.

Table 6
Services Provided by SUCCESS Program Case Managers

	Home Visits	Other Home Contacts	Individual Counseling	Follow-up With Agency Staff
Moulton	235	605	408	228
Harding	416	676	597	1550
North	548	984	580	830
Alt. North	86	220	15	13
South Alt.	59	169	257	124
TOTAL	1,344	2,654	1,857	2,745

The magnitude of contacts reflected in the above table indicates the intensity of services provided to those families that are assigned to work with a case manager. Based on the above data, an average of 42 services were provided to each family by their case manager. An average of 20 home contacts/home visits for each family were made by case managers.

This objective was achieved at the level indicated.

5. Throughout the program year, program staff will secure any necessary parental permission for youth participating in center activities.

   DOCUMENTATION: Copies of parental permission forms on file with the Program Manager

A Release of Information which included consent to participate in program services was obtained in all situations where outside agency involvement was indicated. This agreement made it possible to provide coordination between multiple agencies and improved access to information with shared clients.

This objective was achieved and documentation is on file with the Program Manager.

6. Throughout the program year, where appropriate, SUCCESS Program staff will make referrals to community service agencies; 70 percent of these will result in service being provided.

   DOCUMENTATION: Copies of referral follow-up information generated from the Log of Referrals

Of the 753 referrals to outside agencies that were made by SUCCESS Program staff, 542, or 72 percent, resulted in agencies actually providing services. Table 7 further delineates agency referral data by school:

Table 7
Referrals to Other Agencies

	REFERRALS	SERVICES RECEIVED AS A RESULT OF REFERRAL	PERCENT RESULTING IN SERVICES
Moulton	51	35	69%
Harding	188	148	79%
North	474	333	70%
Alternative Schools	40	26	65%
TOTAL	753	542	72%

While staff expected all referrals to result in families being connected with needed services and worked closely with family members to support and expedite that connection, a variety of resistances and conditions prevented this connection from taking place. The following characteristics are common in families of children and youth who are living with conditions which place them at risk. These families often:

- have very limited financial resources.
- lack organizational skills and tenacity required to demonstrate that they qualify for services.
- are suspicious of outside assistance.
- feel overwhelmed and discouraged with the task of meeting basic needs.
- have a previous history of negative interactions with outside agencies and institutions.
- lack a support network of family/friends who will encourage and support change.
- place mental health needs as a last priority.
- are more comfortable with crisis than change.
- are invested in keeping "family secrets".
- lack transportation.

In light of these characteristics, 72 percent of referrals made to outside agencies resulting in contact is considered a very positive rate.

This objective was achieved, and documentation is on file with the Program Manager.

7. School nurses will provide a comprehensive year-round health program which emphasizes child wellness activities including appropriate life style skill development.

DOCUMENTATION: Copies of Annual Reports and Logs of Services

Nurses at Moulton, Harding, and North were employed full-time on a 12-month basis and also offered services during the summer of 1992. In their expanded roles they were able to offer the following additional services:

Acute and emergency care for summer school students at Moulton
Asthma workshop
Complete review of medical records for incoming students before the start of school
Dental screenings
Home visits to all kindergarten and third grade students
Immunizations
Physicals
Stress reduction workshop
Summer sessions for pregnant and parent teens on the following topics:
- -Infant Nutrition
- -Infant Safety
- -When Do I Call the Doctor?
- -Formula Preparation
- -Exercises for the Newborn

Training in medication administration and communicable disease screening for ISU Extension staff working with Moulton students

This objective was achieved and documentation is on file with the Program Manager.

Progress Towards Meeting Past Needs

Following is a list of the needs that were identified in the 1991-92 program evaluation and progress made towards meeting each need.

NEED	PROGRESS
Expanded mental health services offered on-site and available to families who are underinsured or have no insurance	Two mental health clinicians will be employed by Des Moines Child and Adolescent Guidance to work with families at Findley, Lucas, McKinley, and Moulton. This will be one of the components of the Way to Grow Program and is supported by United Way.
Means to efficiently transport youth and parents to group activities	United Way applied for and received a Variety Club Sunshine Coach to be used by the SUCCESS and Way to Grow Programs.
Additional support for students addressing substance abuse issues	A grant was received to fund a full-time staff person to coordinate substance abuse services at North High School. This staff person will also teach two courses and maintain a small caseload.
Expansion of services to East High School, Hiatt Middle School, and Findley, Lucas, and McKinley Elementary Schools	Although the Way to Grow Program was implemented at the three additional elementary school in the Fall of 1993, SUCCESS case managers will not be added until later in the year when funds are secured from the private sector. Expansion to additional schools is being considered for the Fall of 1994.

Secretary/receptionist for Harding Middle School	As of this writing, this need has not been met.
Confidential office space for South Alternative case manager	As of this writing, this need has not been met.
Purchase of computers for nurses at Moulton, Harding, and North so that they can utilize the health services database	All three nurses have computers and have received training on how to enter and retrieve data.
Development of manual to accompany the school-based youth services database	This manual was written and has been presented to the FINE Foundation, Department of Education, and the other three state sites.
Emphasis on identification of personal goals in case management plans	Progress on goals was reviewed twice formally during the year and staff had several opportunities to attend in-service trainings.

FUTURE PLANNING

This report represents the third District evaluation of the SUCCESS Program which began offering services to children, youth, and their families in the Fall of 1990. The experience of the program this year in providing school-based services in the primary areas of employment, mental health, preventive and primary health care and case management indicates that the outcomes for children, youth, and their families are very positive in assuring that children and youth will graduate, be employable, and remain/become healthy and drug-free.

Based on program experience in offering services over the past three years, the following continue to be the areas of greatest unmet need in priority order:

Basic Needs, i.e., safety, shelter, food, clothing
Mental Health Counseling
Substance Abuse Prevention, Assessment, and Referral
Services to Pregnant/Parenting Teens
Transportation
Employment
Medical Services
Mentoring/Tutoring Services
Recreation

Although the SUCCESS Program has been successful in having a therapist from Broadlawns Adolescent Psychiatry Program meet with students for one half-day each week and has also used Des Moines Child and Adolescent Guidance and Young Women's Resource Center on a less regular basis, there is a need for additional on-site services on a regular basis.

While great progress has been made toward meeting the need for mental health services at the elementary level through the two full-time mental health clinicians to be employed by Des Moines Child and Adolescent Guidance, there continues to be great need for similar services at the secondary level. There is a need for a mental health professional who can meet regularly with students whose families have no insurance or who are underinsured. One full-time mental health professional who had two full days re-positioned with the SUCCESS Program could work with students on a regular basis at the four secondary program schools. It would also be beneficial to the program if the agency that provided the re-positioned staff person could provide some time for consultation with SUCCESS case managers regarding particularly challenging families.

A need that has emerged as an even greater concern in the past year is that of daycare for pregnant and parenting teens who choose to continue their education at comprehensive high schools. There are currently no funds to subsidize daycare unless a family is receiving child protective services. This places a great burden on those teens who lack family support and do not have the financial resources to provide for daycare.

Considering the great unmet needs in these areas, staff will continue to collaborate with community human service agencies and United Way to strengthen services to highest risk populations.

Because the need for coordinated services is great and the intensive involvement with families that is provided by a case manager seems a critical factor in initiating and maintaining change for students and their families, future plans provide for the expansion of case management services to East High, Hiatt Middle, three elementary schools that are yet to be identified, and to pregnant and parenting teens at Lincoln and Roosevelt. Costs for these additional positions are included in programming proposed for funding under the 1994-95 Allowable Growth for Dropout Prevention.

Continued funding for the SUCCESS Program will need to be addressed as state funding was limited to the four year grant which is completed at the end of this school year. While it is

possible to use Dropout Prevention dollars, there are no additional funds for continuing school-based programs. Efforts are being coordinated by the Department of Education to identify funding for existing school-based programs so that they can serve as models and provide support to additional communities as they implement school-based programs.

We are fortunate to have the support of the Greater Des Moines Community Foundation and their representative Fred Weitz in seeking contributions from the private sector. A goal of raising one million dollars from the private sector over the next three years has been identified.

To provide intensive case management and needed human and educational services to residents of the Homes of Oakridge, a grant was written to the Administration For Children and Families of the U.S. Department of Health and Human Services. The District was one of five sites funded for these grants to provide a family support center at Homes of Oakridge. The services will be offered by a Center Coordinator, three case managers, and an Educational Specialist, and by other professionals employed by a variety of human service agencies in the community with a portion of their work time assigned to the Family Support Center. The program is funded collaboratively with the Homes of Oakridge, United Way of Central Iowa, the U.S. Department of Health and Human Services, as well as the District. The outreach strategies, staffing patterns, and expected outcomes will be comparable to those of the SUCCESS Program.

Program staff will continue to seek public funds and will coordinate private sector grant writing opportunities with staff of United Way of Central Iowa.

As staff and services expand to other schools, it is essential that professional, confidential office space be provided and that support be available for Family Resource Center to function effectively. With additional staff at Harding Middle School and expanded services being offered by other agency staff, a need exists for at least a one-half time secretary.

Following visits to Minneapolis to review the United Way Success by Six initiative, staff from United Way of Central Iowa, Head Start, and Des Moines Public Schools continued to meet to plan for the mobilization of a Des Moines Success by 6 initiative and creation of a program, Way to Grow, which will reach those not currently served by the SUCCESS Program. With the addition of the Way To Grow Program--whose target population will be children from pre-natal to age six and their families -- coordinated health and human services will be available to the complete age continuum of children living in the attendance areas of those schools demonstrating the highest need.

Findley, Lucas, McKinley, and Moulton elementary schools have been selected as sites for implementation of the Way to Grow Program in the Fall of 1993. The SUCCESS Program will also be expanded, as funding permits, to include Findley, Lucas, and McKinley. One case manager will be assigned to each of these buildings.

As the program has expanded, so has the need for technology that can accommodate the data that is collected and communications systems that facilitate the efficient transfer of information. Demographic, outcome, and service information is collected in one database. As schools have been added and increasing numbers of participants served, the size of the database has grown to the point that the processing and retrieval of data is tedious if all records are kept in one file. With separate files for each school, data entry and retrieval are less efficient. A computer with expanded memory and faster processing ability would improve data entry and retrieval.

A hook-up to Mid Iowa Computer would improve access to demographic information, attendance, and grades; eliminate duplication in data entry; and increase accuracy.

The installation of Quick Mail would improve communication between buildings and with the New Horizons Office.

Given the sophisticated computerized database that has been developed to account for program services at the various sites, there is the need to upgrade the position of secretary so an individual with higher

level skills--perhaps someone with "administrative assistant" status--can be employed. It is critical that a person be identified to maintain this complicated database because this is the basis for the evaluation of program effectiveness and this information is used to promote private sector contributions--and hopefully, additional public funds, to maintain continued operation.

The need to improve outcome measures will be addressed as an evaluation plan is developed for the Way To Grow Program (services focused on young families: pre-natal through age 6) with assistance from United Way and the Child and Family Policy Center.

Program needs, listed in order of priority, and projected costs for 1993-94 are:

NEED	PROJECTED COST
Upgrading secretary's position	$ 4,000
One-half time secretary at Harding Family Resource Center	10,000
2 Macintosh computers (with Microsoft Word 5.0 and Filemaker Pro installed)	3,690
2 Hewlett Packard printers	540
1 Macintosh Quadra 610 (with Microsoft Word 5.0 and FileMaker Pro installed)	2,287
Hook-up to Mid-Iowa Computer	$400
Teleport Silver Modem for access to Quick Mail	$289

APPENDICES

Third-Party Review	Appendix A
Progress Report	Appendix B

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF EDUCATION
WILLIAM L. LEPLEY, Ed.D., DIRECTOR

TO: School-Based Youth Services Program Local Sites

FROM: Dr. Raymond E. Morley

DATE: August 12, 1993

SUBJECT: Third Party Visitations/Reviews

Thank you for taking the time to review and celebrate your programs. The time and experiences you provided the state review team were greatly appreciated... We grew, we developed understanding, we gained tremendous respect for your work.

The team's agenda of the review was to follow up (through dialogue and observations) on 13 specific issues which emerged from year-end evaluation information and past third party reviews. The statements below identify some of the ideas which surfaced across all sites. Each local site should consider the statements as planning unfolds throughout 93-94. General comments are provided for consideration by all sites and specific site comments are provided for consideration by your site only — keep in mind that the comments are provided for your consideration and are not considered directives.

Specific issues that the visiting team probed were:

1. Progress on third party recommendations over the past two years.
2. Ability of local communities to continue funding after the fourth year — progress.
3. Ability of agencies to deliver services via SBYSP — evidence of improvement via SBYSP.
4. Coordination of schools and agencies — evidence of improvement via SBYSP.
5. Job training and employment — is this the most neglected service in your local SBYSP?
6. Staff preparation to implement SBYSP — recommendations for ideal training of staff.
7. The role of the school nurse... how far beyond typical school nursing have we gone?... where do school nurses fit into the future of SBYSP?
8. The role of the family in SBYSP... are families being emphasized enough?
9. What segment of the students are we really successful with (at-risk — not at-risk)?
10. What is being done to involve out of school youth?
11. What is being done to dispel the effects of cultural diversity?
12. Is it possible to redo service agency and school personnel job descriptions to co-locate staff to continue SBYSP with no added cost to the community?
13. The school social worker... how far beyond typical school social work have we gone? Where do school social workers fit into SBYSP in the future?

The Visiting Team Included:

NAME	REPRESENTING
James Clark	School Social Workers – Special Education. Department of Education
Charlotte Burt	School Nurses – Special Education Department of Education
Raymond Morley	At-Risk/Homeless/Dropouts Office of Educational Services Department of Education
Harold Coleman	Division of Adult, Children, and Family Services Iowa Commission on Children, Youth, & Families Department of Human Services
Mohammed Amjed	Mental Health/Mental Retardation Developmental Disabilities Department of Human Services
Dana Mitchell	Job Services Division Department of Employment Services
Gary Lawson	Commission on the Status of African Americans Department of Human Rights
Carol Hinton and Mary Weaver	Division of Family and Community Health Department of Public Health

PROGRESS TO DATE ON IDENTIFIED NEEDS FROM 1991 AND 1992 THIRD PARTY VISITATIONS

5/14/93

NEED:	Accommodations in school schedules for students with multiple problems.
STRATEGY:	Continue to consult with building principles when needs for modified schedules are identified. Several support groups have been incorporated into the daily schedule at Harding Middle School. These include a multi-cultural male support group facilitated by staff from the National Council on alcoholism, an African American male support group facilitated by the Home School Liaison at North and staff from the Des Moines Area Community College, and a Southeast Asian American support group facilitated by staff from NCA's Project Uplift. In addition several after-school group have been formed: Teen Power group that is lead be students Double Dutch Rope Jumping Life Choices facilitated by staff from Big Brothers and Big Sisters $42,000 was awarded to the SUCCESS Program by the Iowa Department of Health, Division of Substance Abuse and Health Promotion to employ a full-time Substance Abuse Specialist at North High School beginning in the Fall of 1993. In addition to coordinating substance abuse services, serving as a building resource for substance abuse issues, and managing a small caseload, this specialist well teach two elective courses-one designed for students with chemical involvement and the other for students who have significant others with substance abuse concerns.

NEED:	Additional space at Moulton and Harding.
STRATEGY:	Harding has a newly constructed Family Resource Center which has a classroom, conference area, reception area, and three private offices. Confidential space was also identified at Moulton. There is a need at the South Alternative High School for more adequate and confidential space for the case manager. The principal is aware of this and working on solutions for the 1993-94 school year. In working towards a vision of how we would like our schools to look in the year 2005, committees at most school buildings have identified the need for community resource centers.

NEED:	More "person power" needed to facilitate services.
STRATEGY:	"Person power" has increased in the following ways: **THREE VISTA VOLUNTEERS** have been identified by United Way to recruit and train mentors and tutors and then to match them with students. **BROADLAWNS ADOLESCENT PSYCHIATRIC SERVICES** increased the time of the therapist re-positioned with SUCCESS. In addition to the one half day she had offered services at North, she now offers services one half day at Moulton.

MSW LEVEL GRADUATE PRACTICUM STUDENTS FROM DHS have been assigned to work with the SUCCESS Program as a case manager. We have already agreed to provide a practicum experience to another DHS Practicum student next year.

JOB SERVICE OF IOWA repositioned one staff person one-half day each week. This staff person has also provided service at Harding on an as-needed basis.

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ADDITIONAL SUCCESS STAFF were added during the 1992-93 school year. A center coordinator and one case manager will be added at Harding and each of the two alternative schools will have a case manager. Three additional case managers will be employed during the 1993-94 school year at Findley, Lucas, and McKinley elementary schools as part of the Way To Grow Project

NEED: Outreach to youth outside of school.

STRATEGY: Prior to the beginning of the fall semester, staff made contact with youth who dropped from North during the last school year to explore the possibility of their returning to school. Staff informed out of school youth about options available, provided them with information about services they could access through SUCCESS, and supported and coordinated efforts to assist their return to an educational program. Approximately 82 students were identified and attempts made to contact them in-person, by telephone and mail. Sixty-six of the 82 were contacted in some way and of those 13 returned to North and 6 were either attending an alternative school or working on their GED's.

Efforts in this area expanded during 1992-93 as we added SUCCESS case managers at both of the alternative schools.

NEED: Exploring local resources to support SUCCESS in three years.

STRATEGY: We will continue our efforts to generate funds from private contributions. To date we have generated approximately $300,000

In addition, the school district made the commitment to fund the majority of the expense involved in remodeling the Harding Family Resource Center as well as funding the four staff positions added in the Fall of 1992.

The Visiting Team Included:

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Gary Lawson	Commission on the Status of African Americans Department of Human Rights
Carol Hinton and Mary Weaver	Division of Family and Community Health Department of Public Health

General Comments:

A deep caring commitment for families and children is being fostered via the School-Based Youth Services Program (SBYSP) grants. Although care and commitment otherwise exists, the grant brings people from different agencies and organizations together to develop and implement common goals. SBYSP serves as reason to come together which otherwise may not happen.

Student and family needs continue to exceed available coordinated services. The need for expanded assistance in all areas (mental, health, primary health care, job services and employment, case management, school-related) is common in all involved communities.

The ability of service agencies (health, mental health, job services, etc.) to provide quality services in all SBYSP centers is difficult. All agencies are experiencing a shortage of resources which works against school/service agency linkages at the level needed. The limitations on resources indicates that **co-location of staff as well as expansion of staff needs continued consideration**. As well, reprioritization of work roles by all agencies, including schools, needs to be considered to facilitate the goal of improving the ability of agencies to deliver services.

Agencies are increasing their ability to deliver and coordinate services. Agencies indicate that SBYSP: helps them: to reach more at-risk students, improves scheduling and follow-up with students, improves show up rates for students — keeping their appointments and services, increases the number of children seen, helps agencies to coordinate with each other, provides a place to work that is not awkward for students and families to access, increases frequency of communication between school and agencies, opens up new possibilities for agencies and schools to work together beyond the original goals, increases opportunities to get grants to improve services for the agencies and overcomes transportation problems for some students and families.

Agencies, parents, and school personnel indicate that SBYSP sites should allow as private an access as possible. Private access allows the seeking of help with the least amount of recognition/identification. Privacy is important. Likewise, agencies indicate that having a private place to meet and work with parents and students increases the chances of them showing up and continuing to come. Therefore, privacy increases the chances of agencies to deliver services.

Continued support for SBYSP beyond the fourth year grant remains in limbo. Every community has initiated planning activities to explore continuing support. As well, none of the SBYSP communities have demonstrated that the economic resources necessary to continue existing programming is impossible. All of this indicates that continuing support must be pursued with vigor during 1993-94. However, no sites have explored thoroughly, that what is being implemented should continue in its entirety.

Private sector involvement in SBYSP remains questionable. We don't know what it should be. P-R with the private sector is not as strong as with public organizations and agencies. Assertive strategies to involve the private sector in planning and building support for the future is sparse in most sites. However, private sector support is considered important for continuation.

The co-location of staff from different agencies in one location helps agency staff to coordinate services to eliminate overlap. Weekly and/or monthly meetings help to pinpoint, sequence, and evaluate services. Team meetings improve the frequency of communication. Coordination becomes more natural.

The Iowa Transition Initiative is designed to access approximately 26,000 students receiving special education services and support services. The Iowa Transition Initiative (ITI) has developed a **"best practices"** model to foster a cooperative planning process for local communities to establish and implement transition programs and services. Transition

Specialists are located in each of the Area Education Agencies in the state to assist the child and the family in the transition process. Services include:

- Family Employment
- Living Arrangement
- Social Skills
- Leisure Skills
- Academic and Functional Skills
- Vocational Skills
- Money Management Skills
- Health
- Mobility
- Self-Advocacy

While continuation of funding beyond year 4 for SBYSP is a major concern for the State and project sites, it appears that none of the SBYS project sites (with the possible exception of Marshalltown), has utilized this important community resource that could save some of the staff time and resources for local projects.

The personal feelings/perceptions of school staff outside of SBYSP staff undermine the support of SBYSP. Misunderstandings and jealousy work against SBYSP. Negative contacts with powerful people in the community undermine the program. Opportunities for school staff to discuss and understand SBYSP and to get information (evaluation information including case studies) about student progress are important and remain a challenge that administrators should address.

Job training and employment services within SBYSP sites appear to be most highly dependent on JTPA. Job Services offices provide support and JTPA and Job Services personnel commonly combine to provide job counseling, instruction, placement, and follow-up assistance. The goals for job training and employment remain dependent on the needs and requests of students and families.

We are unable to determine whether job training and employment are the most neglected services in the SBYSP sites. Services are made available. Some creative thoughts regarding how to improve services include: doing a better job of moving students from exploration and classroom activities to actual jobs, utilizing mentors to help students obtain employment and recognize the need for training, utilizing input from employers to develop visuals/posters to encourage student interest/inquiry, link continuation of schooling as a requirement for keeping jobs and being promoted within jobs and establishing a computer system in schools utilizing Job Services latest system for linking people with jobs.

Referrals for screening and education concerning infectious diseases, such as HIV/AIDS for all and especially pregnant and teenage parents must be made to appropriate agencies on a priority basis.

The vast majority of requests for health services within SBYSP sites has been for acute sickness and diseases or minor accidents and injury care. The volume of requests reflects the high need for care (some speciality care such as dentistry) and also serves as an indicator that students will seek care if it is made available to them. Input from all sites indicates that the volume of requests for acute problems naturally restricts school nurses from being able to follow through with requests for chronic health problems and chronic health problems represent the greatest threat to poor school performance.

School nurses in SBYSP sites see themselves as natural case managers for chronic health problems since they have the background in health care. However, existing student loads prohibit extensive follow-up to connect students and families with services and to assure continuation of care when needed. Referral without follow-up is what is happening in chronic health care cases and will continue unless school nurse positions are expanded.

The future of the school nurse in SBYSP sites can be projected to be: provider of care for most acute problems, case manager for chronic health problems and expanded health care provider if certain restrictions can be lifted from existing school nurse job descriptions/legislation. The hiring of more school nurses can expand primary health services.

The role of school social workers in SBYSP needs further clarification, development, and expansion. The traditional focus of school social work practice has been on linking school, family and community resources most often through the use of case management processes. However, the current organization, definition, and funding of school social work services limits these services and primarily restricts them to students requiring special education. In that a major emphasis of SBYS programs is to provide these services (home-school-community linkage through case management) to all students who may need them, three needs appear to emerge.

First, there is a need to better coordinate SBYSP with all existing special education programs and services, including but not limited to school social work services. The roles of special education staff and SBYSP staff need to be clarified to ensure coordination and cooperation best fashioned for students.

Second, there is a need to explore the expansion of school social work positions to implement case management in SBYS programs for all students. This would provide an opportunity for school social workers, (who have extensive training in the use of the case management process to facilitate the linkage of families, schools and communities) to contribute their expertise to the effort to serve all students through the SBYS program. Facilitating these critical linkages could be further enhanced by the knowledge school social workers have of both the school programs and services, and the array of community services that are available.

Third, the conceptualization, definition, and implementation of case management in SBYS programs needs further development, refinement, and clarification with regard to social work training in general. Related to this is the need to address quality assurance through ensuring that personnel who provide case management services have the most appropriative professional training, experience, and skills. Simply stated we need to identify any enhancements that school social work training may provide via student/family outcomes/staff interactions, etc.

The ideal SBYSP center is still to be achieved. No sites have established what they consider an ideal center. Specific problems with existing centers include: not located near other counseling or school nurse offices; no private entrances to protect privacy concerns of parents; no private offices for confidential counseling; too little space; too far away from other in-school activity; no adequate or consistent office space to accommodate service agency personnel; and lack of total staff knowledge of purposes and work of the center. The identified problems highlight the issues of accessibility and the ability to deliver services. As well, these problems bring up the question of whether the centers we have created are places where all students feel free to go or can access without conflict with other school expectations.

Cultural diversity is being addressed but remains a constant factor that needs consistent attention at all sites. More awareness was expressed that this factor must be considered in all decisions. The following need consistent attention: staff discussions/training on awareness of cultural differences and the application of what is learned to existing practices; student and family participation/intervention/acceptance of services; posters and brochures on walls and doors of centers; letters sent home; staff interaction with students and parents; home visitations; parent participation in group or individual activities and cultural diversity representation in staff make up.

Information collected on students and parents such as participation and success in school has not been consistently analyzed on the basis of most at-risk or race differences in each site. Year-end reports break down the data by race but local reports and discussions over the issues remain minimized. The use of data to help us address the issue can be improved.

We are reaching students at-risk of school failure. However, we are not identifying our degree of success with the most at-risk and using the information to gain support.

Out of school youth (dropouts) are being served via SBYSP centers. However, the numbers participating remain low compared to the total dropouts. Perhaps the low participation now being experienced is the best that we can expect given our existing resources to do outreach. However, the degree of participation may be a reflection of the perception students have of our ability to help them. During our last year we will need to consider this issue and document our best efforts to involve out of school youth.

Efforts to meet the needs of kids who have contact with juvenile probation and court services through juvenile probation officer must be strengthened at all project sites.

Two major upcoming initiatives in Iowa — Work Force Development Centers and Family Resource Centers — will influence how government services are delivered to families. The educational system at the local level will be directly impacted by both initiatives. The school-based youth services grant projects have been excellent models for initiating and promoting co-location of staff and spearheading shared space and improving working relationships with a variety of service providers. The Work Force Development Centers and Family Resource Centers will require co-location of services, shared space, and interagency collaboration. Exploration of these center concepts over the next year and how we can merge SBYSP with both appears necessary to help assure future growth of SBYS programs.

A proposal for continuation funding has already been drafted for the State Board of Education to consider in the fall. The proposal is to allow local schools to request increased allowable growth to continue SBYSP. The proposal was drafted by Stephen Williams, Superintendent of Marshalltown with input from all SBYSP sites. It will be finalized for the September state board meeting. The proposal is one effort being pursued to allow local communities to continue SBYSP and serves as a sign that significant progress is being made to assure a future for SBYSP.

Des Moines Site Visit Comments

The number of agencies represented at the opening meeting was impressive. Excellent progress in mobilizing community resources.

Usage of the term **"repositioned staff"** is important and reflective of collaborative efforts and general movements toward **"one-stop shop"** for provision of services.

Early provision of health services at the elementary level will provide earlier detection and increased physical fitness. Many emotional/mental health problems are first exhibited through physical reactions. The ability to address early signs will facilitate provision of health services.

The facilitator role of the grant funded staff should be emphasized with school administration and other staff. The ability of staff to facilitate access to services for families is critical and dependent upon manageable case loads. The overall focus for all staff should be — what do the kids need; followed by — what are the needs of the family as a whole? Continue to promote the team concept between and with all school staff.

As future planning is done by the school district on space utilization, encourage the consideration of creating a family resource center which would be open and accessible to parents, children, all family members and school staff. Space for counselors, nurses, Success staff, other agencies/services providers, school psychologists and social workers should be readily accessible for parents and children and should encourage team-building. Greater family involvement could be encouraged with the family resource center concept — making the school building a friendlier and more helpful place to visit. Encourage joint training efforts for Success staff and other school staff.

Future funding efforts appear to be successful. Coordination between various grant programs and shared use of staff, space, and resources will enhance service delivery.

The progress report on identified needs and strategies is a very important document which should be shared with school administration. Continue your strategic efforts as outlined.

Good demonstration of across the system involvement in planning, financing, and implementation of services.

Excellent evidence of improvement in agencies' ability to provide on-site and at-home services. Program should utilize services offered through Family Centered and Family Preservation service implemented though DHS.

Develop staff training curriculum centering around cultural competency issues. Hire or share bi-lingual staff.

Use children, siblings, and family friends to enhance family participation.

The school administration should take decisive action to resolve the rift between SBYS and social workers. The prevailing political environment is creating distrust and alienation which can hamper the progress and can lead to the same situation at other program sites.

Staff at North High School report that there is conflict between SUCCESS staff and special education support staff, in particular school social workers and school psychologists. The differing views of special education staff and the SUCCESS staff may be resulting in reduced access to the SUCCESS program by special education students when these services are appropriate and needed.

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The district should actively and directly address this conflictual situation at North High as it poses a serious threat to the provision of needed services to special education students. At least one aspect of this conflict appears to be related to differing views regarding whether the level and nature of professional training of some SUCCESS staff is appropriate in relation to their job functions. SUCCESS staff with comparatively lower levels of professional training do appear to be performing many of the same job functions as special education support staff. In particular the case management job description is essentially reflective of traditional school social work practice.

In the future the district might consider building school social work positions into the SUCCESS program in a manner similar to what has been done to expand school nursing services. It is not clear why this was not done in the initial development of the SUCCESS program. Nevertheless this might be a way to structure collaborative arrangements of personnel and would provide the opportunity for school social workers to contribute their skills and expertise more directly to the efforts of the program. If positions were shared in a way that called for school social workers to be assigned part time duties in special education along with part time duties with the SUCCESS program this fragmentation might be prevented.

Consideration should also be given to providing case specific (clinical) supervision to case management personnel who do not have advanced professional training (masters level). This supervision could be appropriately provided by the North High Center Coordinator or other comparably trained case managers using a peer supervision or peer review procedure.

MSW LEVEL GRADUATE PRACTICUM STUDENTS FROM DHS have been assigned to work with the SUCCESS Program as a case manager. We have already agreed to provide a practicum experience to another DHS Practicum student next year.

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NEED: Outreach to youth outside of school.

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STRATEGY: We will continue our efforts to generate funds from private contributions. To date we have generated approximately $300,000

In addition, the school district made the commitment to fund the majority of the expense involved in remodeling the Harding Family Resource Center as well as funding the four staff positions added in the Fall of 1992

NEED:	Encouraging families to utilize available income for support services such as mental health.
STRATEGY:	Our experience has been that until families are ready to address certain issues, they will be resistant to using their own resources which are limited and are being used for other needs which they feel are higher priority. SUCCESS staff will continue to confront families about those behaviors or ways of thinking which keep them from achieving their goals. In some cases, persistence has paid off and families have reached a point where they are willing to accept counseling help, support change, and pay--at least partially--for these services. We will also continue to work with agencies in encouraging them to use zero on their sliding fee scales and have communicated the need for free mental health services to United Way. United Way staff have opened dialogue with their member agencies who provide mental health services about how to expand their services to those most in need.

NEED:	Transportation for high-mobility students to school of origin.
STRATEGY:	District policy provides for transportation for students who move from one inner-city school to another depending on several factors: bus space; available, accessible bus routes; and minority/non-minority balance.

NEED:	Continued centralization of service delivery.
STRATEGY:	Additional service providers have been brought into the Family Resource Centers this year (see above strategy for need for increased "person power"). Other agency staff have been available on at least a part-time basis with open schedules so that students can meet with them on a drop-in basis before school, during study halls, and after school.

COMMENTS ON THE OBSERVATIONS
MADE BY THE 1990-91 AND 1991-92 VISITING TEAMS

a): Accommodations in school schedules.
RESPONSE: Addressed in previous section.

b): Accessibility of facilities by disabled youth and parents.
RESPONSE: All five SUCCESS building and Family Resource Centers are accessible to handicapped individuals. The Family Resource Center at Harding will not be handicapped accessible. However, accommodations will be made to provide services for those who need them.

c): Employment services strengthened.
RESPONSE: We have expanded these services this year by repositioning Job Services staff in the Family Resource Center at North. We will, of course, help parents and youth from Harding and Moulton connect with staff and services of Job Service when those needs arise. We may be somewhat different from other SBYSP programs in that we have programs such as New Horizons and School-Within-A-School available to students for employment and career related skill building and exploration activities. New Horizons work experience slots at North and Harding were specifically identified for SUCCESS youth during this school year.

d): Expansion of the role of the community college with SUCCESS.
RESPONSE: The community college is included in the Children At Risk Planning Council which is the advisory group for the SUCCESS Program. We have been more actively involved with community college staff in providing additional vocational training, career development, and career placement.

e): Expand role of JTPA.
RESPONSE: We will include additional services provided by JTPA as we strengthen employment services. See response to item "c" above.

f): More clearly defined role for school principals.
RESPONSE: Dr. Joan Roberts has expressed to you her willingness to more clearly define the role of principal in relation to SUCCESS. Time has been specifically scheduled to address this issue with principals during our 1992-93 third-party visit.

g): Increased time for nurses in classrooms, space that is confidential and private, and support for clerical work.
RESPONSE: We have received funds from Blue Cross/Blue Shield and Mid-Iowa Health Foundation that are to be used exclusively for health needs. We have used those funds to employ full-time year-round nurses and to provide immunizations, dental screenings, and head lice shampoo.

A database was developed which will allow nurses to enter specific data on services they provide to students. Each of the three nurses have computers and have received training so that they will be able to utilize this database beginning in the Fall 1993.

The nurses office at Harding was remodeled.

h): Case management approach may negatively stereotype students who use services and discourage all students from accessing SUCCESS.

RESPONSE: SUCCESS has served students who come from diverse economic backgrounds and who are respected students and achievers in other areas. During the first year of operation, staff made presentations to each homeroom to inform all students of SUCCESS services and were very careful about avoiding language that would give the impression that services were only for "troubled youth." We do not believe that the case management approach discourages students from using services. Negative reactions they may have to mental health or other support services have been programmed into their thinking long before SUCCESS. We do need to address these inaccurate perceptions that they may hold.

i): Students are vague about help available.

RESPONSE: We agree that we do need to provide more information to students about the program and have made information available through student orientations, presentations to classrooms, and visits to homerooms. We do note that our self-referrals increased during 1991-92. While there were no self-referrals during the 1990-91 school year, there were 69 during 1991-92.

j): Increased opportunities for building staff to express attitudes and impressions.

RESPONSE: We have continued to provide information to building staff through faculty and in-service meetings. A survey was developed and distributed to North staff which provided feedback regarding staff impressions of SUCCESS and suggestions for improvement. Plans are to distribute this survey to staff at the other two schools as well.

k): Improved facilities at Harding and Moulton.

RESPONSE: This is a critical need. Please see item "b" above.

l): Increased visibility of mental health staff.

RESPONSE: During the last school year, assessment staff from the National Council on Alcoholism Student Assistance Program visited classes to discuss how assessments are conducted and recommendations made. SUCCESS staff participated in these classes and role played an assessment. Staff also spoke to classes about how their work as case managers/center coordinator and about how other counselors/therapists work with individuals in an effort to "de-mystify" the experience.

m): Staff time devoted to organizing how fees for services can be provided.

RESPONSE: SUCCESS staff spend a great deal of their time identifying appropriate services that meet identified needs and financial boundaries of the family. They then follow-up extensively to coordinate, advocate, and otherwise ensure that services are received. Staff have spent time visiting community agencies to learn about services and a First Call for Help (an information and referral service offered by United Way of Central Iowa) staff person was designated to work with SUCCESS staff to expedite identification and access to appropriate resources. As part of our ongoing community education program, SUCCESS staff regularly meet with community agency staff at United Way facilities to promote better methods of service delivery. As a consequence, several collaborating agencies have agreed to include zero on their sliding fee scale.

n): Cultural barriers and services for minority populations will require some attention in 1992-93

RESPONSE: See response to first Need.

o): Monitoring and evaluation continue to indicate more need for computer processing, computer linkages and training for school and agency personnel.

RESPONSE: See response to "g" above. In addition, the database has been shared with the Young Women's Resource Center and staff from a school-based program in Salt Lake City.

p): Administrative sharing sessions and documentation of action steps that principals use to contribute to the success of the school-based program.

RESPONSE: Will explore options for this in 1993-94.

q): Conflict Resolution training for students

RESPONSE: This training is provided in program schools. Ways to involve more SBYSP students should be explored.

r): Increased outreach to community

RESPONSE: The SUCCESS Program has been involved in the following activities to improve outreach to agencies and the community:

- Participating in two Community Focus Fairs
- Hosting Collaboration meetings
- Writing collaborative proposals
- Presenting to the Des Moines Leadership Institute
- Developing booklets, brochures, and other written materials
- Met with a class of Iowa State undergraduates in a Human Development class to increase their awareness of needs of children who are at high risk

s): Efforts to inform local activists

RESPONSE: Both state senators have visited the SUCCESS Program. In addition we have been asked to review a bill in the Senate that related to school-based programming and have a contact in Senator Harkin's office who keeps us informed of any legislation that may effect us.

t): Collaboration with Polk County Decategorization

RESPONSE: Staff make referrals to this project when appropriate. In addition, the supervisor and program manager for the SUCCESS Program serve on the DECAT Advisory Committee.